

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35750

FILED OCT 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>4343</u>		PRIMARY REG. DIST. NO. <u>229</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>_____</u>				d. STREET ADDRESS (If rural, give location) <u>_____</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>Henry</u>		c. (Last) <u>Gibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 52</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 4 1864</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline Blain</u>		14. NAME OF HUSBAND OR WIFE <u>Hulda Shrumk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>_____</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Prather (daughter) New Florence</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiorespiratory failure due to cerebral hemorrhage, arteriosclerosis, senility</u>		19a. DATE OF OPERATION <u>_____</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 25</u> , 19 <u>52</u> , to <u>Oct. 2</u> , 1952, that I last saw the deceased alive on <u>Oct. 2</u> , 19 <u>52</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. A. Thompson D.O.</u>				23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>Oct 3, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 4 52</u>		24c. NAME OF CEMETERY (OR CREMATORY) <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>J. D. Helm</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hopkins</u>		ADDRESS <u>Montgomery Co</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed TB Kelly

Licensed Embalmer No. 1588

P. O. Address Willsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.