

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43436

State File No. ....

11209

Registrar's No. ....

No. 300  
00.48

BIRTH NO. **DEC 24 1952**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TROY</b>	
c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST Hosp.</b>			

3. NAME OF DECEASED (Type or Print), a. (First) <b>MALLIE</b>	b. (Middle) <b>VILENA</b>	c. (Last) <b>GIBSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 5 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 2, 1885</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>LINCOLN COUNTY, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GABRIEL REEDS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH TRAIL</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES A. GIBSON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. A. GIBSON</b>	ADDRESS <b>TROY, MISSOURI</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Mesenteric Thrombosis</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>5702</b>
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22. I hereby certify that I attended the deceased from **12-2-1952** to **12-5-1952**, that I last saw the deceased alive on **12-5-1952**, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph E. Carney M.D.</b>	(Degree or title)	23b. ADDRESS <b>706 Olive St</b>	23c. DATE SIGNED <b>12-5-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/7/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>TROY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>TROY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>DEC 5 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MEMPER FUNERAL HOME</b>	ADDRESS <b>TROY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Carney  
Frisco Bldg  
8-2

**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

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address

*Frisco, 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.