S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17230

State File No.

FILED MAY 18 1953

BIRTH NO. REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Caldwell 0130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamilton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamilton 0130
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Rosa
b. (Middle) Belle
c. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year) 5-10-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-31-1873
9. AGE (In years last birthday) 80 — If under 1 year: Months 1 Days 10 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Altman
13b. MOTHER'S MAIDEN NAME Anna Jones
14. NAME OF HUSBAND OR WIFE George Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Russell Gibson
ADDRESS Braymer Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arterio-Sclerosis — ?
DUE TO (c)

II. 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 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1953, *to* May 10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Herbert R. Both (Degree or title) M.D.
23b. ADDRESS Hamilton Mo
23c. DATE SIGNED 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-12-1953
24c. NAME OF CEMETERY OR CREMATORY Highland
24d. LOCATION (City, town, or county) Hamilton (State) Mo.

DATE REC'D BY LOCAL REG. 5-14-53
REGISTRAR'S SIGNATURE Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home
ADDRESS Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Hamilton 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.