

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28187

State File No.

FILED SEP 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 71

0331
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Reynolds</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u> | c. LENGTH OF STAY (In this place) <u>2 Days</u> | c. CITY OR TOWN <u>Reynolds</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>None</u> | <u>0900</u> |

| | | | |
|---|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> | b. (Middle) <u>rose</u> | c. (Last) <u>Gibson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1953</u> |
|---|-------------------------|-------------------------|---|

| | | | | | | |
|-----------------|---------------------------|--|--------------------------------------|---|--|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Aug. 1, 1892</u> | 9. AGE (In years last birthday) <u>61</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|--|--------------------------------------|---|--|---|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>House</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ILL.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|--|--|--|---|

| | | |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> |
|-----------------------------------|--|---|

| | | | |
|---|--|---|---------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>492-2-348</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Reynolds County welfare office</u> | ADDRESS <u>331X</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) <u>331X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Found laying in 7 floor after stroke.</u> | | | |

| | | |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Examined on Finding by Dr. Puetle, Centerville</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

| | | |
|--|--|---|
| 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) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30p.m., from the causes and on the date stated above.

| | | |
|--|--------------------------------|------------------------------------|
| 23a. SIGNATURE (Describe or title) <u>Marshall E. Blackwell, Coroner</u> | 23b. ADDRESS <u>Salem, Mo.</u> | 23c. DATE SIGNED <u>Aug 28, 53</u> |
|--|--------------------------------|------------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/25/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds</u> | 24d. LOCATION (City, town, or county) (State) <u>Reynolds Mo.</u> |
|---|--------------------------|--|---|

| | | | |
|---|--|--|---|
| DATE REC'D BY LOCAL REG. <u>8-25-53</u> | REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr. W. D. G. Blackwell-Wright, Salem, Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>S. J. O.</u> | ADDRESS <u>Blackwell-Wright, Salem, Mo.</u> |
|---|--|--|---|

OCT 15 1959
65561 ST 100

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.....
Signature of Student Embalmer

Signed *Amesha C. Blackwell*.....

Licensed Embalmer No. *471*.....

P. O. Address *Salem, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.