

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32467

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>4343</u>		Registrar's No. <u>51</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>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>		c. LENGTH OF STAY (in this place) <u>17 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u> <u>0200</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) <u>Maude Lee</u>		a. (First) <u>Lee</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Gibson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 th 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Jan 28th 1894</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bubb Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William E. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Maude E. Largent</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Gibson</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Gibson New Florence Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the pancreas with metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>157X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Malnutrition with debilitation. Myocardial degeneration & decompensation.</u>		19a. DATE OF OPERATION <u>5/9/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of pancreas producing obstruction of common bile duct & 3rd. portion of duodenum.</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)		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 <u>April 11</u> , 19 <u>53</u> , to <u>Sept. 19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept. 18</u> , 19 <u>53</u> , and that death occurred at <u>1:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>A. J. Thompson D.O.</u>				23b. ADDRESS <u>New Florence, Mo.</u>		23c. DATE SIGNED <u>9/20/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-53</u>		24c. NAME OF CEMETERY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-23-53</u>		REGISTRAR'S SIGNATURE <u>J. J. ...</u>		25. TOWNSHIP DIRECTOR'S SIGNATURE <u>C. ...</u>		ADDRESS <u>Montgomery City Mo</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, on the
19 th day of Sept 1953, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins
[Signature]
Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.