

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38360**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **4053** Registrar's No. **1187**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN DeKalb		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeKalb	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, DeKalb, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) Jackson c. (Last) Gibson			4. DATE OF DEATH (Month) (Day) (Year) November 12, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 22, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan T. Gibson		13b. MOTHER'S MAIDEN NAME Winifred Frakes		14. NAME OF HUSBAND OR WIFE Lutie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lutie Gibson, DeKalb, 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, asthma, 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 9 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis		20 years	
		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		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 **Nov. 4, 1953**, to **Nov. 12, 1953**, that I last saw the deceased alive on **Nov. 11, 1953**, and that death occurred at **7:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Harris, D.O.		23b. ADDRESS 103 W. Mo. Ave. - City		23c. DATE SIGNED 11-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/14/1953		24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	
				24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.	

DATE REC'D BY LOCAL REG. Nov 17, 1953		REGISTRAR'S SIGNATURE Nathan M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Horton Brown Funeral Home, St. Joseph, Mo.	
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NOV 25 1958

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St. Joseph, 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.