

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40488**
Registrar's No. **11206**

FILED **DEC 4-1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 3003 Rutger	
3. NAME OF DECEASED a. (First) Jim (Type or Print)		b. (Middle) Gibson c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 11 23 53		5. SEX M	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Feb. 6, 1877		9. AGE (In years last birthday) 76 Months 9 If under 1 year: Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sod Carrier		10b. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (City and State or Foreign Country) Akron, Mississippi		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George Gibson		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mollie Gibson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. 497-20-9075		17. INFORMANT'S SIGNATURE OR NAME Joe Gibson ADDRESS 3147 Brantner Place	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Cardiovascular Disease with Recurrent Cerebral Thrombosis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Undt.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 443x		22. I, hereby certify that I attended the deceased from 11-19, 1953 , to 11-23, 1953 , that I last saw the deceased alive on 11-23, 1953 , and that death occurred at 8:50 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) E. B. Williams M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 11-23-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Nov. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. NOV 27 1953	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FEDERAL DIRECTOR'S SIGNATURE E. B. Koedel ADDRESS 1221 N. Grand	

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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gayton Swan*.....
Licensed Embalmer No. *45*

P. O. Address *1321st St*.....

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.