

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42064**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **75**

00904

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

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Demiselett	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele	
c. LENGTH OF STAY (In this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bond Nursing Home			

3. NAME OF DECEASED a. (First) Granville b. (Middle) Forrest c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Dec 15 1953	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-5-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Alex Gibson		13b. MOTHER'S MAIDEN NAME Elvira Gibson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Bessie Stueck ADDRESS Steele 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) Cardiac Decompensation ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anurea DUE TO (c) Cardio-renal-vascular disease		INTERVAL BETWEEN ONSET AND DEATH	
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 442 X		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 **6/2**, 19**53**, to **12/15**, 19**53**, that I last saw the deceased alive on **12/15**, 19**53**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Myers DO		23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 12/17/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 19-1953		24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem. Cem		24d. LOCATION (City, town, or county) (State) Lutesville Mo	
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DATE REC'D BY LOCAL REG. Dec 19, 1953		REGISTRAR'S SIGNATURE Millie Vandenberg		25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward ADDRESS Lutesville Mo	
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(Licensed Emballer'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 _____

Licensed Embalmer No. _____

P. O. Address _____

3810

Cape Girardeau

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.