

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4315**

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (In this place) <u>22 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborne Rural</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u>		b. (Middle) <u>M.</u>		c. (Last) <u>GIBSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 1954</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>		8. DATE OF BIRTH <u>12/23/1873</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>			11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>James A. Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Holland</u>		14. NAME OF HUSBAND OR WIFE <u>Edna B. Gibson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edna B. Gibson, Dearborne, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>				DUE TO (c)				years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate found at surgery on 3/3/54</u>									
19a. DATE OF OPERATION <u>3/3/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cu of Prostate</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) m.		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>1/31</u> , 19 <u>54</u> , to <u>3/3/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/4</u> , 19 <u>54</u> , and that death occurred at <u>2:25 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thatter Buch MD</u>				23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>3/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/7/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-7-54</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		494 FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS <u>Gower 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, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower 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.