

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7576

State File No.

BIRTH NO. SUED FEB 17 1954 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. [Signature]

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
4 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walton Twp</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Shirley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>near Shirley</u>		1100	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ester</u>	b. (Middle) <u>Gibson</u>	c. (Last) <u>Gibson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 8 1916</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 28 MONTHS <u>3</u>	IF UNDER 4 YEARS <u>4</u>	IF UNDER 28 HOURS <u></u>	IF UNDER 28 MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shirley Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Hawley</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Gibson Shirley Mo.</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>myocarditis</u> DUE TO (c) <u></u>		
	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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/1, 1954, to 2/12, 1954, that I last saw the deceased alive on 2/11, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Type or title) <u>[Signature]</u>	23b. ADDRESS <u>Polaris Mo.</u>	23c. DATE SIGNED <u>2/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/16/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Polaris Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 16 1954

WASH. COUNTY HEALTH

File No.

FEB 19 1954

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.. *Murphy Spahr*

Licensed Embalmer No. *423*

P. O. Address *Flat River*

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.