5. No. 300
7. 10.48

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

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20320

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 826

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 63Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 838 S. Robberson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 838 S Robberson 0344

3. NAME OF DECEASED (Type or Print)
a. (First): LESLIE
b. (Middle): L
c. (Last): GIPSON

4. DATE OF DEATH (Month) (Day) (Year): 9 I 54

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June I8,II89I

9. AGE (In years last birthday): 63
If under 1 year: Months ..... Days .....
If under 24 hrs.: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance

10b. KIND OF BUSINESS OR INDUSTRY: City Utilities

11. BIRTHPLACE (City and State or Foreign Country): Springfield Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Susie (unknown)

14. NAME OF HUSBAND OR WIFE: Susie Gipson Spgfd Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Susie Gipson 838 S Roberson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2-4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left Hydrothorax (cardiac) — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4200

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8-, 1954, *to* 9-1-, 1954, *that I last saw the deceased alive on* 8-30, 1954, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold H. Lurie, M.D.

23b. ADDRESS: 404 Professional Bldg Springfield, Mo.

23c. DATE SIGNED: 9-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9-6-54

24c. NAME OF CEMETERY OR CREMATORY: Lincoln Mem

24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 9-3-54

REGISTRAR'S SIGNATURE: Everett Williamson

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H.V. Smith 602 N. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1954

SEP 10 1

SEP 1 9 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 428

P. O. Address Springfi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.