

S. No. 300
V. 10.48

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28145

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. LENGTH OF STAY (In this place) 11 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		0550
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1			d. STREET ADDRESS (If rural, give location) Route 1		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Clarcia	b. (Middle) Alice	c. (Last) Gibson	Month August	Day 14	Year 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 13	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin F. Scott	13b. MOTHER'S MAIDEN NAME Rebecca Rooks	14. NAME OF HUSBAND OR WIFE Jonathan R. Gibson	
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. E. Leatherman		ADDRESS Marionville,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Mo. ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 40 days
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 8-10, 1954, to 8-13, 1954, that I last saw the deceased alive on 8-13, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23. SIGNATURE (Name or title) Dr. Ethel C. Rose, D.D. Arkansas, Mo.		23b. ADDRESS	23c. DATE SIGNED 8-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. Aug 17 54	REGISTRAR'S SIGNATURE Ora Mc Nott 157	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lewis G. Schaff

Licensed Embalmer No. 38426

P. O. Address Springfield 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.