

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28339**

BIRTH NO. --- REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellsville</b>		c. LENGTH OF STAY (in this place) <b>0041</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McKnight's Nursing Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vandalia</b>	
d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14, 1954</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Matilda</b> c. (Last) <b>Gibson</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct 15, 1862</b>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>91 9 29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Walter Gibson</b>		13b. MOTHER'S MAIDEN NAME <b>Emiline Bain</b>	
14. NAME OF HUSBAND OR WIFE <b>James Gibson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Gibson, Vandalia, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES <b>Arterio-sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) 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 <b>231 X</b>	
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 <b>7/24, 1954</b> to <b>8/14, 1954</b> that I last saw the deceased alive on <b>8/9, 1954</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Richard M. S. Wasson M.D.</b>		23b. ADDRESS <b>Wellsville Mo</b>	
23c. DATE SIGNED <b>8/17/54</b>		24a. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>	
24b. DATE <b>Aug 16, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Providence Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Audrain County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Aug 19-54</b>	
REGISTRAR'S SIGNATURE <b>W.S. Romano Jr.</b>		425	
FUNERAL DIRECTOR'S SIGNATURE <b>William B. Waters</b>		ADDRESS <b>Vandalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

0700  
4

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 William B Waters

Licensed Embalmer No. 4169

P. O. Address Tandalia 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.