

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 62

0210

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

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL BEE BRANCH</u> c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL BEE BRANCH 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 11 MI. SO. OF NEW CAMBRIA</u>		d. STREET ADDRESS (If rural, give location) <u>11 MILES SOUTH NEW CAMBRIA MO</u>	

3. NAME OF DECEASED (Type or Print) <u>STEPHEN L. GIPSON</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <u>DECEMBER 4, 1954</u>	(Month) _____ (Day) _____ (Year) _____
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 25 1873</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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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>FARM OWNER</u>	11. BIRTHPLACE (State or foreign country) <u>CHARITON, CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>COLUMBUS G. GIPSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANN GATES</u>	14. NAME OF HUSBAND OR WIFE <u>ELYA HULETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELYA GIPSON</u> ADDRESS <u>NEW CAMBRIA MO.</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, ashenia, 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>Dropsey & Leakage of Heart 2 years</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>None</u>	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 Aug 10, 1952 to Dec 2nd 1954 that I last saw the deceased alive on Dec 2nd, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Court MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>New Cambria Mo</u>	23c. DATE SIGNED <u>Dec-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON</u>	24d. LOCATION (City, town, or county) (State) <u>10 MI. SO. OF NEW CAMBRIA, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-7-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	55- _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>New Cambria Mo.</u>
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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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Lumbria, 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.