

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38281

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5925 Registrar's No. 438

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Pettis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Pettis</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia-Sed. twship</u>	c. LENGTH OF STAY (In this place) <u>9 mos</u>	c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 2 (2 mi. E. on #50 Highway)</u>		e. STREET ADDRESS (If rural, give location) <u>Highway Route # 2</u>	<u>2 M.E. on #50 Highway</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOWARD</u>	b. (Middle) <u>LEONARD</u>	c. (Last) <u>GIBSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 5, 1954</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 7, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. 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>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shell Lake, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Preston Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Welty</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Mae Dewitt Gibson</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norman D. Gibson, Sedalia, Mo.</u>	ADDRESS
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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>Cerebral hemorrhage -</u>		<u>Minimal</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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>331 X</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) _____ 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 10-1-, 1954, to 12-25-, 1954, that I last saw the deceased alive on 12-1-, 1954, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. V. Siegel M.D.</u>	23b. ADDRESS <u>Smithton Mo.</u>	23c. DATE SIGNED <u>12-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/4/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Round Tree Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elkton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-6-54</u>	REGISTRAR'S SIGNATURE <u>Gavina Coons Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Beckart</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
0 See
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
ORIGINAL TO CIVIL

JUL 27 1955

DEC 21 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 *Russell C. Maag*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.