

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2131

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place township) <u>17 days</u>		c. CITY OR TOWN <u>Rural - Bee Branch</u>		D.C. <u>0210</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>11 mi. south New Cambria</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVA</u>		b. (Middle) _____		c. (Last) <u>GIPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-6-1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Richard Hulitt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen L. Gipson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Judy Moore, New Cambria</u>					
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma Rectum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</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 <u>Acute Hydrops gallbladder</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>							
19a. DATE OF OPERATION <u>Jan 5-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca rectum metastases & Acute H.B.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (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 <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 <u>5 Jan, 1955</u> to <u>13 Jan, 1955</u> , that I last saw the deceased alive on <u>12 Jan, 1955</u> , and that death occurred at <u>2:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>Andrew C. Bee</u>				23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>13 Jan 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>1-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-15-55</u>		REGISTRAR'S SIGNATURE <u>Paul W. Lowe</u> <u>269-d</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rev. Hillland New Cambria Mo</u>					

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.

Signed H. J. Gilleland

Signed
Student Embalmer

Licensed Embalmer No. 4019

P. O. Address New Cambria Me

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.