

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12709**

FILED MAY 12 1955

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Edgar	c. (Last) Gibson	4. DATE OF DEATH (Month) (Day) (Year) 5-2-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-13-1893	9. AGE (In years last birthday) 62	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Prices Branch Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Gibson	13b. MOTHER'S MAIDEN NAME Hulda Scherman	14. NAME OF HUSBAND OR WIFE Maude Gibson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Richard Gibson	ADDRESS Montgomery City Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolus		INTERVAL BETWEEN ONSET AND DEATH Approximately 10 min.
	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. Arteriosclerotic hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **January 12 1954**, to **May 2, 1955**, that I last saw the deceased alive on **April 23, 1955**, and that death occurred at **2:30 pm** from the causes and on the date stated above.

23a. SIGNATURE C. H. Thompson M.D.	23b. ADDRESS New Florence Mo	23c. DATE SIGNED May 5-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-55	24c. NAME OF CEMETERY MONTGOMERY CITY	24d. LOCATION (City, town, or county) MONTGOMERY CITY MO (State) MO
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DATE REC'D BY LOCAL REG. 5-8-55	REGISTRAR'S SIGNATURE J. H. Helm NO 207	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Thompson	ADDRESS MONTGOMERY CITY MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

700
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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, ~~XRD~~ on the 2
day of May 1955

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *C. W. Hopkins*
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.