

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4089 State File No. 17984

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 901-58 PRIMARY REG. DIST. NO. 6035- Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CARTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANDIN</b>		c. CITY OR TOWN <b>GRANDIN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 YRS.</b>		e. STREET ADDRESS (If rural, give location) <b>GEN. DELIVERY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GEN. DELIVERY</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>STEPHEN</b> b. (Middle) <b>A.</b> c. (Last) <b>GIBSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26-1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 30-1890</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Days <b>2</b> IF UNDER 24 HRS. Hours <b>26</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>STEPHEN A. GIBSON</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOSHUA GIBSON</b> ADDRESS <b>GRANDIN-Mo.</b>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage June 54</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>Doughman Ripley Mo</b>
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 **1-1**, 19**54**, (to **6-26**, 19**55**), that I last saw the deceased alive on **June**, 19**54** and that death occurred at **4:15** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joshua M.D.</b> (Degree or title)	23b. ADDRESS <b>Doughman Mo</b>	23c. DATE SIGNED <b>7-11-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>RIPLEY COUNTY - Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-11-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>EDWARDS FUNERAL HOME - DOUGLASS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**DOUGLASS - Mo.**

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.....  
*Gene S. Harren*

Licensed Embalmer No.....*48*

P. O. Address.....*Donipha*

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.