

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23159

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>137</u>			
1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>					
b. CITY OR TOWN <u>ROLLA</u>		c. LENGTH OF STAY (In this place) <u>1WK.</u>		c. CITY OR TOWN <u>RURAL-MERAMEC TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>S. M. WEST OF STEELVILLE, MO.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PHELPS MEMORIAL HOSPITAL</u>				3. NAME OF DECEASED a. (First) <u>MELBA</u> b. (Middle) <u>BEATRICE</u> c. (Last) <u>GIBSON</u>					
4. DATE OF DEATH <u>JULY 17, 1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>NOV. 26, 1914</u>		9. AGE (In years last birthday) <u>40</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>-</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>JOHN BOGARD</u>		13b. MOTHER'S MAIDEN NAME <u>SEBINA BANKS</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD GIBSON</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LEONARD GIBSON-STEELVILLE, MO.</u> ADDRESS _____					
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) <u>Basal skull fracture</u> ANTECEDENT CAUSES <u>severe concussion</u> DUE TO (b) _____ DUE TO (c) <u>Auto accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>  <u>E8240</u> <u>33</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Crawford County, Mo</u> (COUNTY) <u>D</u> (STATE) <u>MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 9 55 P.M.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of truck?</u>							
22. I hereby certify that I attended the deceased from <u>7-9, 1955</u> , to <u>7-17, 1955</u> , that I last saw the deceased alive on <u>7-17, 1955</u> and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>7-20</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-20-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. M. T. LEBANON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 20, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stell</u>		380 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Albert</u>		ADDRESS <u>Steelville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 129

Date Filed JUL 26 1955

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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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steubenville, 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.