

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29629**

FILED SEP 16 1955

BIRTH NO. 56482-55 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 164

| | | | | | |
|---|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Mo.</u> c. COUNTY <u>Madison</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Fredericktown</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u> | | | e. STREET ADDRESS (If rural, give location) <u>118 N. Mine La Motte</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronnie</u> | | b. (Middle) <u>Gale</u> | c. (Last) <u>Gipson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4, 1955</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Sept. 4, 1955</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> |
| IF UNDER 1 YEAR Days <u>0</u> | IF UNDER 1 HRS. Hours <u>0</u> | IF UNDER 1 HRS. Min. <u>10</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | 13a. FATHER'S NAME <u>James Gipson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helèn Marie Gipson</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 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 ADDRESS <u>James Gipson Fredericktown, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u> | ANTECEDENT CAUSES DUE TO (b) <u>Pre-maturity 2nd of 7 months</u> | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) <u>Poly-hydramnios (of mother) ? Toxaemia of Pregnancy</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION <u>0</u> | 19b. MAJOR FINDINGS OF OPERATION <u>0</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>0</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>0</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9/4</u> , 19 <u>55</u> , to <u>9/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/4</u> , 19 <u>55</u> , and that death occurred at <u>5:51 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>R. E. Harland</u> | | (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>Ironton, Mo.</u> | | 23c. DATE SIGNED <u>9/10/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/5/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lewis Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lodi, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-10-55</u> | REGISTRAR'S SIGNATURE <u>Ms Aris Jones 128</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles McLarty*

Licensed Embalmer No. *485*.....

P. O. Address *Frederick*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.