

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35666

BIRTH NO. 6098-55 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 2073 State File No. 6118 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY OR TOWN RURAL SYLVANIA TOWNSHIP	c. LENGTH OF STAY (in this place) 9 MONS	c. CITY OR TOWN RURAL SYLVANIA TOWNSHIP	d. STREET ADDRESS (If rural, give location) R. F. .D. #1 PAINTON
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 PAINTON		d. STREET ADDRESS (If rural, give location) R. F. .D. #1 PAINTON	

3. NAME OF DECEASED (Type or Print) MELVIN GIPSON			4. DATE OF DEATH (Month) (Day) (Year) OCT. 9 1955		
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 27 1955		9. AGE (In years last birthday) Months Days Hours Min. 8 MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PAINTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME WANDA DEAN GIPSON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ALBERTA GIPSON		
				ADDRESS PAINTON, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 7 days
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia			
		ANTECEDENT CAUSES DUE TO (b) Pertussis			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0561			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>10/4</u> , 19 <u>55</u> , to <u>office</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/4</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE J. J. Bell M.D. (Degree or title)			23b. ADDRESS Oran MO.		23c. DATE SIGNED 10/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 11 1955	24c. NAME OF CEMETERY OR CREMATORY MCMULLAN		24d. LOCATION (City, town, or county) (State) SCOTT MO.	
DATE REC'D BY LOCAL REG. 10-14-55		REGISTRAR'S SIGNATURE Mrs Fred Rogers		25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith	
				ADDRESS ORAN, MO.	

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

OCT 17 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-221

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Orew Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.