

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

646

State File No. ....

BIRTH NO. 174 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Ozark</u>	c. LENGTH OF STAY (in this place township) <u>65 yrs</u>	c. CITY OR TOWN <u>Ozark</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 HOSPITAL OR INSTITUTION <u>Haguewood Hospital</u>		STREET ADDRESS (If rural, give location) <u>Ozark Mo</u> <u>0220</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>A</u> c. (Last) <u>Gibson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 19, 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>George Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Messerschmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Gibson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Velma Gibson, Ozark Mo</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy - Hemorrhage</u> <u>Subarachnoid, rupture</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>with complications - myocardial infarction</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 15 days, 1955, to 27 Jan 1956, that I last saw the deceased alive on 27 Jan, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Rosen</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Ozark, Mo</u>	23c. DATE SIGNED <u>1 Feb/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 31, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>

DATE REC'D BY LOCAL REG. <u>Feb 2 1956</u>	REGISTRAR'S SIGNATURE <u>Coretta M. Leonard</u>	59-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1950

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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.....  
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *218*  
P. O. Address *Ozark*.....

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.