

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9741

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>83</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN <u>Chillicothe</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>313 Calhoun Street</u>				e. STREET ADDRESS (If rural, give location) <u>313 Calhoun Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTINE</u>			b. (Middle) _____			c. (Last) <u>GIBSON</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1956</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>23 August 1886</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Clara City, Minnesota</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>H. Haakenson</u>			13b. MOTHER'S MAIDEN NAME <u>No Record</u>			14. NAME OF HUSBAND OR WIFE <u>Oscar Adolph Gibson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. B. Moss; Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> Died suddenly after having four attacks</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) _____		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>Nov 8, 1955</u> to <u>Mar 12, 1956</u> that I last saw the deceased alive on <u>Feb 16, 1956</u> and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>Mar 12, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Omaha, Nebraska</u>		
DATE REC'D BY LOCAL REG. <u>3-12-56</u>		REGISTRAR'S SIGNATURE <u>Frances B. Keel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>				

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

171-0

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 *Elton J. Norman*.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe,

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.