

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24543**

FILED AUG 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Gainesville</u>	c. LENGTH OF STAY (In this place) <u>14 years</u>	c. CITY OR TOWN <u>Gainesville</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0710</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Gibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-27-1888</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James H. Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Cosby Gibson</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>229-05-9942</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cosby Gibson, Gainesville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 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>Orchitis &amp; orchectomy</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Testicle 1.022 with pus 6/4x</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 <u>July 14, 1956</u> , to <u>Aug 7, 1956</u> , that I last saw the deceased alive on <u>Aug 7, 1956</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Haerment</u> (Degree or title)		23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED <u>8-9-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willy Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo</u>
DATE REC'D BY LOCAL REG. <u>8-11-56</u>	REGISTRAR'S SIGNATURE <u>Thana Mahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Fun. Home, Gainesville, Mo</u>	

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

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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 *Jim R. Carey*.....

Licensed Embalmer No. *4888*.....

P. O. Address *Camilla, Ga.*.....

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.