FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38885

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY ~~McDONALD~~ Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - West Benton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DDA. FT CROWDER, MO. A.H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY McDONALD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) P.O. BOX #12 GOODMAN, MO
d. STREET ADDRESS (If rural, give location) 06 00

3. NAME OF DECEASED (Type or Print)
a. (First) MORTON
b. (Middle) LEROY
c. (Last) GIBSON

4. DATE OF DEATH (Month) NOV. (Day) 12, (Year) 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 4 MAR. 33
9. AGE (In years last birthday) 23 — 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) SOLDIER
10b. KIND OF BUSINESS OR INDUSTRY US ARMY
11. BIRTHPLACE (State or foreign country) FT. SILL, OKLA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MORTON FORD GIBSON
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE WANDA FAY GIBSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 547-38-7532
17. INFORMANT'S SIGNATURE OR NAME MAJ JOHN. S. McKELLY ADDRESS FT CROWDER

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE CERVICAL SPINE
CRUSHED CHEST

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INTERNAL INJURIES AUTO ACCIDENT
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) 06 (COUNTY) McDONALD (STATE) MO.
21d. TIME OF INJURY (Month) NOV (Day) 12 (Year) 56 (Hour) 22 45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? CAR ACCIDENT

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 22 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS FORT CROWDER, MO.
23c. DATE SIGNED 13 NOV 56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 11-15-1956
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) REDING CALIFORNIA (State)

DATE REC'D BY LOCAL REG. 11-15-56
REGISTRAR'S SIGNATURE Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson Sr. **ADDRESS** Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton

District File Number 1156-192

Date Filed NOV 21 1956

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 .....

Student Embalmer

Signed Carley H Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo.

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

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