

FILED JUL 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6140 Registrar's No. 00

1. PLACE OF DEATH a. COUNTY SHELBY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WARREN			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Hiway 36		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN WRIGHT CITY MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MILE EAST OF CLARENCE				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) WRIGHT CITY MO	
3. NAME OF DECEASED (Type or print) First AARON Middle N Last GIBSON		4. DATE OF DEATH Month JUNE Day 23 Year 1957		5. SEX MALE		6. COLOR OR RACE WHITE	
MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 14 1907		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT PLANT		11. BIRTHPLACE (City and state or country) STAUNTON ILL		12. CITIZEN OF WHAT COUNTRY US	
13. FATHER'S NAME GEO W. GIBSON				14. MOTHER'S MAIDEN NAME EVA SPEARS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT MARIE GIBSON WRIGHT CITY MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed right Chest.						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Car accident							
DUE TO (c) Jury Verdict Accidental death in car accident							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car accident two Mi East of Clarence Mo on					
20c. TIME OF INJURY Hour 2:30 Month 6 Day 23 Year 57 p. m.		Missouri Highway No. 36.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION Shelby Mo		COUNTY WARREN STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carl Magnusson (Coroner)				22b. ADDRESS Bethel Missouri		22c. DATE SIGNED 6/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-26-57		23c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY CEMETERY WRIGHT CITY MO		23d. LOCATION (City, town, or county) (State) WRIGHT CITY MO	
24. FUNERAL DIRECTOR Charles Henry Clarence Mo		ADDRESS 6-27-57		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 28 1957

AUG 9 1957

JUL 30 1957

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..... Charles C. Green

Licensed Embalmer No. 4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.