

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43057**
Registrar's No. **3033**

BIRTH NO. _____		REG. DIST. NO. 917		PRIMARY REG. DIST. NO. 500		Registrar's No. 3033	
1. PLACE OF DEATH a. COUNTY Rural St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN Robert Koch Hospital		c. LENGTH OF STAY (in this place) 63 da.		c. CITY OR TOWN St. Louis		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 Koch Hospital				e. STREET ADDRESS (If rural, give location) 2800 Stoddard			
3. NAME OF DECEASED (Type or Print) Hosea		a. (First)		b. (Middle)		c. (Last) Gibson	
4. DATE OF DEATH 11-28-57		(Month) (Day) (Year)					
5. SEX M		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 20, 1894	
9. AGE (in years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Gibson		13b. MOTHER'S MAIDEN NAME Renia ?		14. NAME OF HUSBAND OR WIFE Dashie Gibson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. yes		17. INFORMANT'S SIGNATURE OR NAME ROBERT KOCH HOSPITAL(records)		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 2001 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombocytopenia Pappura Hypertension: Chronic Anemia				INTERVAL BETWEEN ONSET AND DEATH 1 year ? 2 years ? ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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 9-26-57 , 19____, to 11-28-57 , 19____, that I last saw the deceased alive on 11-28-57 , 19____, and that death occurred at 10:35P m. , from the causes and on the date stated above.							
23a. SIGNATURE H. Russell		(Degree or title) M.D.		23b. ADDRESS ROBERT KOCH HOSPITAL		23c. DATE SIGNED 11-29-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/4/57		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Missouri	
DATE REC'D BY LOCAL REG. 12-3-57		REGISTRAR'S SIGNATURE Robert B. Dornick MD		25. FUNERAL DIRECTOR'S SIGNATURE E B Koon		ADDRESS 1221 N. Grand	

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

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 _____

Licensed Embalmer No. 4755

P. O. Address 1221 N. 1st

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.