

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004615
STATE FILE NUMBER

XC-171 82 85

REG.#15537

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

178

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MILLCREEK Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 56 DAYS	d. STREET ADDRESS (If outside, give location) STAR ROUTE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First TOMMY Middle (NONE) Last GIPSON			4. DATE OF DEATH Month FEBRUARY Day 2 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH 1-17-95
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) MADISON COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THOMAS A. GIPSON	13b. MOTHER'S MAIDEN NAME MARY SKAGGS
14. NAME OF HUSBAND OR WIFE ESSIE GIPSON (WIFE)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, 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) CORONARY THROMBOSIS WITH INFARCTION, POSTERIOR, AND PERICARDIAL EFFUSION, ACUTE. DUE TO (b) CORONARY ARTERIOSCLEROSIS, CHRONIC. DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED, CHRONIC. 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. DIABETES MELLITUS, CHRONIC. 2. NEPHRITIS, CHRONIC.	
19. INTERVAL BETWEEN ONSET AND DEATH 1-2 Days		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION POPLAR BLUFF	COUNTY	STATE	
21. attended the deceased from Dec. 8, 1957 to Feb. 2, 1958 Death occurred at 12:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. LESTER HARWELL, M. D.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 2-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-5-58	23c. NAME OF CEMETERY OR CREMATORY Barber Cem.	23d. LOCATION (City, town, or county) (State) Zion, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 1/15/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

FEB 17 1958

OUTLER CO. HEALTH CENTER

FILE No. _____

MAR 14 1958

APR 12 1967

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 E. Mungle* _____

Licensed Embalmer No. *4877*
P. O. Address *W. Lee Bl*

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.