

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006121

STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Avilla Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McClune Brooks</u>			Length of stay in 1b <u>1da</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Willard</u> Middle <u>Winton</u> Last <u>Gipson</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>26</u> Year <u>1958</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 15, 1884</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Barry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
13. FATHER'S NAME <u>William Riley Gipson</u>				14. MOTHER'S MAIDEN NAME <u>Mary C Davidson</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.		17. INFORMANT Address <u>Harvey Gipson Carthage Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u> <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Bronchial Asthma, Emphysema, and Pulmonary Fibrosis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-28-53</u> to <u>2-26-58</u> and last saw <sup>him</sup> alive on <u>2-26-58</u> Death occurred at <u>7:50pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) <u>[Signature]</u>				22b. ADDRESS <u>304 Grant, Carthage, Mo</u>		22c. DATE SIGNED <u>2-28-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 1 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>		23d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>W.R. Allison Greenfield Mo</u>			25. DATE RECD. BY LOCAL REG. <u>3-1-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Esper County Health Office  
County File Number 58-3-241  
Date Filed 1-2-1958

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 W.R. Allison.....

Licensed Embalmer No. 44

P. O. Address Sheep

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