

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022307
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 117

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1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN WEBB CITY MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		Length of stay in lb 6 DAYS	STREET ADDRESS (If outside, give location) 623 N. TOM Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JACKSON GIBSON			4. DATE OF DEATH Month Day Year JUNE 9 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 26, 1891
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PEACE OFFICER	11. BIRTHPLACE (City and state or country) BENTON COUNTY ARKANSAS /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME GEORGE E. GIBSON	14. NAME OF HUSBAND OR WIFE MAGNOLIA GIBSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 448-16-2390	17. INFORMANT Address MRS MAGNOLIA GIBSON, WEBB CITY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion Anterior Cerebral Artery Generalized Vascular sclerosis DUE TO (b) 332XB DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Leuetic			INTERVAL BETWEEN ONSET AND DEATH 1 week Senile years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 6-2-58 to 6-9-58 and last saw her alive on 6-7-58 Death occurred at 6-8-58 4:15am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Martin</i> 2 DO		22b. ADDRESS 709 Joplin St., Joplin Mo	22c. DATE SIGNED 6-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-11-1958	23c. NAME OF CEMETERY OR CREMATORY G.A.R., MIAMI OKLAHOMA	23d. LOCATION (City, town, or county) (State) MIAMI OKLAHOMA
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY Mo		25. DATE RECD. BY LOCAL REG. 6-14-58	26. REGISTRAR'S SIGNATURE <i>Mar. Madeline Smitzer</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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County File Number 58-6-534
Date Filed JUN 16-1950

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 *Richard H. Taylor*

Licensed Embalmer No. *4405*

P. O. Address *Webster*

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.