

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029437

STATE FILE NUMBER

SEP 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jaspeet	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage 0493 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 430 W. Central		Length of stay in 1b 58 yrs	d. STREET ADDRESS (If outside, give location) 430 W. Central Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DR. GEORGE ALEXANDER GIBSON, DDS			4. DATE OF DEATH Month Day Year August 31, 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 June 15, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired dentist		10b. KIND OF BUSINESS OR INDUSTRY dentistry	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 83
11. BIRTHPLACE (City and state or country) Bates County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isom Gibson		13b. MOTHER'S MAIDEN NAME Emma Keturah Wright	14. NAME OF HUSBAND OR WIFE Grace Shelton 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. none	17. INFORMANT Mrs. G.A. Gibson, 430 W. Central, Carthage Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Myocarditis Chronic DUE TO (c) Arteriosclerotic Tabular Deas, unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			INTERVAL BETWEEN ONSET AND DEATH unknown
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.) 4221	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 5-15-1958 to 8-31-58 and last saw her/him alive on 8/30/58 Death occurred at 10:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or nurse) W. M. New MD		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 9-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-2-1958	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. Sept. 2, 1958	26. REGISTRAR'S SIGNATURE W. M. New

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 11 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 _____ Signed Frank W. Kuehl
Signature of Student Embalmer
Licensed Embalmer No. 4440
P. O. Address Carthage, Mo

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.