Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001780

STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jasper b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Webb City — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1322 W. Daugherty — Length of stay in 1b 72 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper c. CITY OR TOWN Webb City 0492 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 1322 W. Daugherty — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lenna — Middle Mock — Last Gibson

4. DATE OF DEATH Month January Day 19 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH Feb. 3, 1880

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Johnson County Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John William Ellis

13b. MOTHER'S MAIDEN NAME Elizabeth Rawlings

14. NAME OF HUSBAND OR WIFE James Barbour Gibson, decease

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT James Barbour Gibson Jr. Address Wickenburg Arizona

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	VENTRICULAR ARREST	4 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	AURICULAR FIBRILATION	24 HOURS
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ADVANCED SENILE ARTERIOSCLEROSIS 4331

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 9/8/58, to 1/19/59 and last saw her/him alive on 1/19/59. Death occurred at 6:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Wells-Lee (Degree or title) D.O. 2

22b. ADDRESS Webb City, Missouri

22c. DATE SIGNED 1/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 22, 1959

23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery

23d. LOCATION (City, town, or county) Webb City (State) Missouri

24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home ADDRESS Webb City Mo.

25. DATE RECD. BY LOCAL REG. 1-22-59

26. REGISTRAR'S SIGNATURE Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wm. Wells-Lee- D.O.

MAR 3 1959

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 Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Wabash City

Wells-Lee

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.