Health, & Welfare Public Service

. 300
1-57
32
7E
0

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-002974
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: East Alton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 516 Washington Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: E. Last: Gipson

4. DATE OF DEATH: Month Day Year: January 6, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 23, 1911
9. AGE (In years last birthday): 47 — 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): Technician
10b. KIND OF BUSINESS OR INDUSTRY: Olin-Mathison
11. BIRTHPLACE (City and state or country): Sorento, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: George Gipson
13b. MOTHER'S MAIDEN NAME: Lulu Smith
14. NAME OF HUSBAND OR WIFE: June

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or years of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: June Gipson, Address: East Alton, Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 201+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 April 1957, to Jan 6, 1959 and last saw ~~him~~ him alive on Jan 5, 1957
Death occurred at 8:20 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John B. Shagleigh M.D. (Degree or title) C
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 1/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-6-59
23c. NAME OF CEMETERY OR CREMATORY: Sunnyside Cemetery
23d. LOCATION (City, town, or county) (State): Sorento, Ill.

24. FUNERAL DIRECTOR: Marks Funeral Home, ADDRESS: Wood River, Ill.
25. DATE RECD. BY LOCAL REG.: JAN 7 '59
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Licensed Embalmer No. .....

P. O. Address .....

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.