Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004280
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 366 Primary Registration District No. 6245 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Walton Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8 mi W. Potosi Length of stay in 1b all of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Potosi Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 mi W. Potosi Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First George Middle Washington Last Gibson

4. DATE OF DEATH Month Jan. Day 11 Year 1959

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 21 1878
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Gibson
13b. MOTHER'S MAIDEN NAME Annie Eye
14. NAME OF HUSBAND OR WIFE Alice 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.
17. INFORMANT Alice Gibson Address Potosi Mo.

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) Pneumonia following
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paralysis left side
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 ☐ 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 1957, to Jan 11/59 and last saw him alive on Jan 8, 1959
Death occurred at 5-10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. F. Cresswell
22b. ADDRESS Potosi
22c. DATE SIGNED 1/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-13-59
23c. NAME OF CEMETERY OR CREMATORY Shirley Cem.
23d. LOCATION (City, town, or county) (State) Washington Co. Mo.

24. FUNERAL DIRECTOR Mrs Luther Sparks ADDRESS Potosi Mo.
25. DATE RECD. BY LOCAL REG. 1/13/59
26. REGISTRAR'S SIGNATURE Herbert Kendall

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
JAN 13
WASH. COUNTY HEALTH DEPT.
File No.

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.