

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018734
STATE FILE NUMBER

FILED MAY 21 1959

Registration District No. 290 Primary Registration District No. Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaQuey, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LaQuey, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullen.		Length of stay in 1b Life.	d. STREET ADDRESS Rural Rt. #.
3. NAME OF DECEASED (Type or print) First Middle Last Donald. James Gibson.			4. DATE OF DEATH Month Day Year May 4, 1959
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White. <input checked="" type="checkbox"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1958
9. AGE (In years last birthday) 5		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)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Waynesville, Mo. <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Junior L. Gibson.	13b. MOTHER'S MAIDEN NAME Lela Elizabeth Smith.
14. NAME OF HUSBAND OR WIFE None.		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 Junior L. Gibson. LaQuey, Missouri		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) LOBAR PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" 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 _____, to _____ and last saw her alive on _____ 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 <i>W. Hedges</i> (Degree or title) County Coroner.	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 5/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/6/59	23c. NAME OF CEMETERY OR CREMATORY Idumea Cemetery.	23d. LOCATION (City, town, or county) (State) LaQuey, Missouri
24. FUNERAL DIRECTOR <i>W. Hedges</i> Richland Hedges Funeral Home Way, Mo.	25. DATE RECD. BY LOCAL REG. 5-5-59	26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence Moore*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville, N.C.*

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.