

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040059

FILED NOV 3 0 1959

149

Primary Registration District No. 1002

Registrar's No.

5508

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 12 days		c. CITY OR TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jesse Middle EDgar Last Gipson				4. DATE OF DEATH Month November Day 13, Year 1959			
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 3-7-01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Livestock & Grain		11. BIRTHPLACE (City and state or country) Newark, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Gipson			13b. MOTHER'S MAIDEN NAME Dora Unknown		14. NAME OF HUSBAND OR WIFE Lois Lewellen Gipson		
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. 492-42-6951		17. INFORMANT Address Mrs. J. E. Gipson, Mexico, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage, massive						INTERVAL BETWEEN ONSET AND DEATH 11 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, essential							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 WORK <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 11-2-59 to 11-13-59 and last saw her/him alive on 11-11-59 Death occurred at 6:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Raymond J. Caffrey MD</i>				22b. ADDRESS St. Louis, Mo		22c. DATE SIGNED 11-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-16-59	23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park		23d. LOCATION (City, town, or county) Mexico, Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home				25. DATE RECD. BY LOCAL REG. 11-16-59	26. REGISTRAR'S SIGNATURE <i>Heva Marshall</i>		

DOCUMENT

BY AFFIDAVIT OF **Raymond J. Caffrey** MEDICAL CERTIFICATION

Linwood-Woodland

(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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackill

Licensed Embalmer No. 4573

P. O. Address K. E. GMB

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.