

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020961

FILED VS. MAY 18 1960

318

1003

4808

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5523 Rosa Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGIA Middle MORTIN Last GIPSON			4. DATE OF DEATH Month May Day 6 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-17-1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Holly Springs, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ade Mortin			13b. MOTHER'S MAIDEN NAME Betty Murphy			14. NAME OF HUSBAND OR WIFE Late Jefferson Gipson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Dana Gipson 5523 Rosa Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis							?	
DUE TO (c) Senility + Fibrosis of lungs. 4200H								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the right Breast. 6-18-58							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.	Month, Day, Year							
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 6-18-58 to May 6 1960 and last saw her/him alive on May 5, 1960 Death occurred at 4:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>May Stubbly MD</i> (Degree or title)			22b. ADDRESS 512 Dore Place			22c. DATE SIGNED 5/6/60 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		23b. DATE May 7, 1960	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) Blytheville, Ark.		
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S.Kingshighway Blvd.			25. DATE RECD. BY LOCAL REG. MAY 6 1960		26. REGISTRAR'S SIGNATURE <i>Loat Smith, M.O.</i>			

DOCUMENT

MEDICAL CERTIFICATION

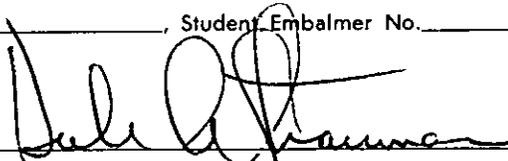
BY AFFIDAVIT OF

mgd

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 

Licensed Embalmer No. 4533

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.