

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 3 0 1960

-60-025500

Registration District No. 328 Primary Registration District No. 6118 Registrar's No. 23

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SYLVANIA TOWNSHIP</u> Length of stay in lb <u>27 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. F. D. #1 PAINTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> c. CITY OR TOWN <u>PAINTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R. F. D. #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First <u>ELMYRIA</u> Middle <u>GIPSON</u> Last <u>GIPSON</u> (Type or print)			4. DATE OF DEATH Month <u>JUNE</u> Day <u>16</u> Year <u>1960</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/4/1921</u>	9. AGE (last birthday) <u>39</u> 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) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>ARKANSAS</u>			
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>DAVID GIPSON</u> 13b. MOTHER'S MAIDEN NAME <u>LILLIAN ABBS</u>					
14. NAME OF HUSBAND OR WIFE <u>R. F. D. #1 PAINTON, MO.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>					
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>ALBERTA GIPSON</u> Address <u>R. F. D. #1 PAINTON, MO.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignancy of rectum (anal region)</u> DUE TO (b) <u>" " "</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypostatic pneumonia</u>				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 <u>4:16 in office, to no further contact</u> and last saw her _____ alive on _____ Death occurred at <u>11:35A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, title) <u>J. J. O'Dell M.D.</u>			22b. ADDRESS <u>Oran MO</u>				
22c. DATE SIGNED <u>6/18/60</u>		(State) _____					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/19/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MCMULLAN</u>	23d. LOCATION (City, town, or county) <u>SCOTT COUNTY MO.</u>				
24. FUNERAL DIRECTOR <u>Carl Smith</u> ADDRESS <u>ORAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>June 25-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Fred Bepling</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orono, Me.

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