

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-026167
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton			Length of stay in 1b Life		c. CITY OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bales Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ✓	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES DAVID GIBSON				4. DATE OF DEATH Month Day Year July 11 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-9-1960	9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 2		IF UNDER 24 HR Hours Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Carrollton, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James F. Gibson			13b. MOTHER'S MAIDEN NAME Anna Elizabeth Woodward			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 Address B.W. Gibson Carrollton, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis of Lungs							INTERVAL BETWEEN ONSET AND DEATH 30 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Persisting fetal distal. Coarctation.							
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 a.m. p.m. 7		Month, Day, Year 7					
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 7-9-60 to 7-11-60 and last saw ^{her} him alive on 7-11-60 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Regina F. Bales, M.D.				22b. ADDRESS Carrollton MO		22c. DATE SIGNED 7-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		7-13-60		Oak Hill Cemetery		Carrollton Mo.	
24. FUNERAL DIRECTOR ADDRESS Gibson Funeral Home, Carrollton, Mo.				25. DATE RECD. BY LOCAL REG. 7-13-60		26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert	

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 Clyford W. Justice
Licensed Embalmer No. 322

P. O. Address Tuna M

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.