RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042669
STATE FILE NUMBER

VS NOV 29 1960

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 5655 — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 619 BROWNELL (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JEFFERSON Middle: CLEO Last: GIBSON
4. DATE OF DEATH Month 11 Day 20 Year 60
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-6-1899
9. AGE (last birthday): 61
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): ODD JOBS
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): SPRING VALLEY, ARKANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: LIFUS JONES GIBSON
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: DOROTHY GENEVA GIBSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 554-12-3759HA
17. INFORMANT: WIFE Address: 619 BROWNELL, JOPLIN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	RESPIRATORY ACIDOSIS	48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PULMONARY INSUFFICIENCY	1 MONTH
DUE TO (c)	PULMONARY TUBERCULOSIS, FAR ADVANCED	MANY YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): COR PULMONALE & CONGESTIVE HEART FAILURE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-16-60, to 11-20-60 and last saw ~~her~~ him alive on 11-20-60
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Vernon Langdutting (Degree or title) M D
22b. ADDRESS Mo. State San., Mt. Vernon, Mo.
22c. DATE SIGNED 11-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-23-60
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Joplin, Mo.

24. FUNERAL DIRECTOR ADDRESS: Steve Parker Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 11-22-60
26. REGISTRAR'S SIGNATURE: H W Fossett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed Harvey E. Amel

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Joplin Mo

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