SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007294
STATE FILE NUMBER

AMENDED

Registration District No. 328 Primary Registration District No. 4118 Registrar's No. 9

FILED VS MAR 2 1961

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SYLVAINA TWNSHP — Length of stay in 1b 5 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. #1 PAINTON — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT
c. CITY OR TOWN PAINTON — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First BERTHA Middle DEAN Last GIPSON
4. DATE OF DEATH Month FEBRUARY Day 14 Year 1961
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/9/1961
9. AGE (last birthday) 5 Days — IF UNDER 1 YEAR Months Days 5 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ADVANCE, MISSOURI
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME JULIA MAE GIPSON
14. NAME OF HUSBAND OR WIFE
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. NONE
17. INFORMANT ALBERTA GIPSON Address R. F. D. #1 PAINTON, MO.

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) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ 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 First Call After Death to and last saw her/him alive on
Death occurred at 2.00A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clyde Poe Coroner
22b. ADDRESS Sixeston MO
22c. DATE SIGNED 2/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2/14/1961
23c. NAME OF CEMETERY OR CREMATORY McMULLAN
23d. LOCATION (City, town, or county) SCOTT COUNTY (State) MO.

24. FUNERAL DIRECTOR EARL J. SMITH ADDRESS ORAN, MO.
25. DATE RECD. BY LOCAL REG. Feb 23-1961
26. REGISTRAR'S SIGNATURE Mrs Fred Biezling Jr

(Licensed Embalmer's S[illegible]erse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 7676

P. O. Address Ozora, Mo

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.