

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018211

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 89

AMENDED

FILED MAY 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

7/10/61

James Samuel Gibson

John Samuel Gibson

BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in 1b <u>2 Weeks</u>	c. CITY OR TOWN <u>Chula</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9 mi. so Chula.</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>JOHN</u> Last <u>Samuel Gibson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/17/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>postal</u>	9. AGE (last birthday) <u>73</u>
11. BIRTHPLACE (City and state or country) <u>LIVINGSTON CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.M. Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Lyle</u>	
14. NAME OF HUSBAND OR WIFE <u>Presta Gibson</u>		17. INFORMANT <u>Minor Gibson</u> Address <u>Chula 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>		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>Lymphosarcoma</u> 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) <u>Massive ascites + dehydration</u>		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 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>3/15/55</u> to <u>5/14/61</u> and last saw him alive on <u>5/14/61</u> Death occurred at <u>5:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William L. Fair, M.D.</u>		22b. ADDRESS <u>Chillicothe, MO.</u>	
22c. DATE SIGNED <u>5/15/61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/16/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Memorial Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Chillicothe MO</u>		25. DATE RECD. BY LOCAL REG. <u>May 15, 1961</u>	
24. FUNERAL DIRECTOR <u>E.J. Robertson</u> ADDRESS <u>Funeral Home - Chula Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Annaliese Taylor</u>	

MAY 23 1961

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 *J. W. Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo, 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.