MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-030085
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 284

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b: 24 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Monroe
c. CITY OR TOWN: Monroe City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Winter Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Bernice Middle Last Gipson
4. DATE OF DEATH: Month August Day 12 Year 1961
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/27/1906
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 4 Days 15
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (City and state or country): Monroe City Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Charles Davis
13b. MOTHER'S MAIDEN NAME: Goldie Davis.
14. NAME OF HUSBAND OR WIFE: Virgil Gipson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
17. INFORMANT: Virgil Gipson, Address: Monroe City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of sigmoid colon — 12 Month
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: Hannibal COUNTY: Marion STATE: Mo

21. I attended the deceased from 7/20/61, to 8/12/61 and last saw her/him alive on 8/12/61
Death occurred at 7:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. W. Wattenberg M.D.
22b. ADDRESS: 1209 Broadway, Hannibal, Mo.
22c. DATE SIGNED: 8/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/14/1961
23c. NAME OF CEMETERY OR CREMATORY: St. Judes Cemetery
23d. LOCATION (City, town, or county) (State): Monroe City Mo.

24. FUNERAL DIRECTOR: Harold V. Gaente ADDRESS: Monroe City
25. DATE RECD. BY LOCAL REG.: 8/16/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.