

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

157

3028

213

REGISTRAR'S NO.

213

-61-037391

STATE FILE NUMBER

AMENDED

REGISTRATION DISTRICT NO.

1961

PRIMARY REGISTRATION DISTRICT NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Carthage

Length of stay in 1b

49 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY OR TOWN

Carthage

Inside Limits

Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

St. Francis Nursing Center

Inside Limits

Yes  No

d. STREET ADDRESS (if outside, give location)

821 Walnut

Reside on Farm

Yes  No

3. NAME OF DECEASED (Type or print)

First

Nollie

Middle

Elizabeth Gibson

Last

4. DATE OF DEATH

Month

10

Day

27

Year

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH

5-7-1868

9. AGE (last birthday)

93

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Lawrence Co., Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm Johnson

13b. MOTHER'S MAIDEN NAME

Elizabeth McGeehe

14. NAME OF HUSBAND OR WIFE

John F. Gibson

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

Warner Gibson 315 W Second

Address Carthage, 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)

Encephalomalacia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

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 Month, Day, Year  
a.m. p.m.

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 8-31-60 to 10-27-61 and last saw her alive on 10-26-61

Death occurred at 8:25 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title)

Richard R. Coble MD

22b. ADDRESS

Carthage, Mo

22c. DATE SIGNED

10-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-29-61

23c. NAME OF CEMETERY OR CREMATORY

Goss Cemetery

23d. LOCATION (City, town, or county)

Lawrence Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY Carthage, Missouri

25. DATE RECD. BY LOCAL REG.

10-28-61

26. REGISTRAR'S SIGNATURE

[Signature]

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.