

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041697

AMENDED

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 75

STATE FILE NUMBER

FILED NOV 22 1961

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Length of stay in 1b	c. CITY OR TOWN <u>BUCKHORN MO</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>MELVIN</u> Middle <u>Bruce</u> Last <u>GIBSON</u>		4. DATE OF DEATH Month <u>11</u> Day <u>10</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-4-1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MARINA COVA</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>30</u>
11. BIRTHPLACE (City and state or country) <u>BUCKHORN MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID F. GIBSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARSHA MURRY</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES ROYAL</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>ELMER GIBSON MARSHALL MO</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) CARBON MONOXIDE POISONING.

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.)
EXHAUST GAS FROM PARK

20c. TIME OF INJURY
Hour _____ a.m. _____ p.m.
Month, Day, Year 11-16-61

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.) NEAR HW 67

20f. CITY, TOWN, OR LOCATION COUNTY STATE
FREDERICKTOWN MADISON MO

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at UNKNOWN A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray Wilson Coroner

22b. ADDRESS FREDERICKTOWN MO

22c. DATE SIGNED 11-13-61

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 11-12-61

23c. NAME OF CEMETERY OR CREMATORY FAYAWHAR COM

23d. LOCATION (City, town, or county) (State) MADISON MO

24. FUNERAL DIRECTOR Edman Maynard ADDRESS MO

25. DATE RECD. BY LOCAL REG. 11-14-1961

26. REGISTRAR'S SIGNATURE Therence Flicks

DATE AWARDED

INSURED BY

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1961

APR 5 1962

MAY 9 1962

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 *Raymond B. Gulson*

Licensed Embalmer No. 4887

P. O. Address Fredrickston

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.