

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018659  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 780

FILED MAY 21 1962

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>                  |  | Length of stay in 1b<br><u>3 da</u>   | c. CITY OR TOWN <u>Miller</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Arthur</u> Middle <u>Gibson</u> Last <u>Gibson</u>                      |                                  |   | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>14</u> Year <u>1962</u>     |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-3-1887</u>                                  | 9. AGE (last birthday)<br><u>74</u>                | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>11</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Carpenter</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Lawrence Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>          |   |
| 13a. FATHER'S NAME<br><u>James Gibson</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Jane Hunt</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Jenny Gibson</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address  |  |   |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Uremia</u>   |  |  | <u>4 Days</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |  |
| DUE TO (b) <u>Lower nephron nephrosis</u>   |  |  |  |
| DUE TO (c) <u>Rupture Abdominal Aortic Aneurysm</u>   |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>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 5-11-62 to 5-14-62 and last saw him alive on 5-13-62  
Death occurred at 2:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                               |   |  |                                    |
|--|-------------------------------|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Blushley Mrs</u>    |                               | 22b. ADDRESS<br><u>Springfield Mo</u>             |  | 22c. DATE SIGNED<br><u>5-15-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>5-16-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Goss</u> | 23d. LOCATION (City, town, or county) (State)<br><u>S.W. of Miller Mo.</u> |                                    |
| 24. FUNERAL DIRECTOR<br><u>Monnie - Leiman Miller Mo.</u>  |                               | 25. DATE RECD. BY LOCAL REG.<br><u>5-18-62</u>    | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Melton</u>                        |                                    |

(Licensed Embalmer's Statement on Reverse Side)

T.E. Ashley M.D.  
OR  
TYPEWRITER RIBBON  
USE BLACK INK

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF DATE AMENDED)

BY AFFIDAVIT OF DOCUMENT

VS 300  
Rev. 4/59  
0397  
20550  
3  
4 0  
5 1  
6  
7 0  
8 2  
9451X  
10  
11  
12 40  
13

Permit revised 5-14-62

**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 *E. R. Seeman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.