MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022133

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 855

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0128
2 0128
3 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF
Length of stay in 1b: 20yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: I220 Alice, St.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): POPLAR 318 HARPER,
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JEROME Middle Last GIPSON
4. DATE OF DEATH: Month 6 Day 9 Year 1962
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/24/1962
9. AGE (last birthday): 28
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): Common Labor
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): NEELYVILLE
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Mareen Hamber
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): NO 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: MAREEN HAMBER, Address: POPLAR BLUFF, 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): Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 mi
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gun shot wound right chest
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.): shot with a 410 shot gun
20c. TIME OF INJURY: Hour 2:45 AM. Month, Day, Year 6-9-62
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.): ~~Home~~ Street
20f. CITY, TOWN, OR LOCATION: Poplar Bluff COUNTY: Butler STATE: MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Grover D Greer Coroner (Degree or title)
22b. ADDRESS: Poplar Bluff MO
22c. DATE SIGNED: 6-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/12/1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: City Cemetery
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR: Geoghan ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 6/25/62
26. REGISTRAR'S SIGNATURE: Hurstardwuke M.D.

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1962

JUN 28 1962

US

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 Willis R. Dania

Licensed Embalmer No. 5729

P. O. Address Charleston 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.