MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046061

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1207 STATE FILE NUMBER

FILED DEC 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 128
2 1035
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4 0
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9 163X
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — 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:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctor's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Dexter — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 44 Hickory Hills Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bert — Middle: — Last: Gipson

4. DATE OF DEATH: Month: Dec. Day: 19, Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-21-1894
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months: 8 Days: 28
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Marion Gipson
13b. MOTHER'S MAIDEN NAME: Dicey Norman
14. NAME OF HUSBAND OR WIFE: Lucy Gipson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Lucy Gipson, Address: Dexter, 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): Carcinoma of the lung, Right
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Metast~~
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Metastatic spread to left lung, and brain

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 COUNTY STATE

21. I attended the deceased from 12/17/62 to 12/19/62 and last saw ~~her~~ him alive on
Death occurred at 8:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David V. O'Neill M.D. (Degree or title)
22b. ADDRESS: Poplar Bluff Mo.
22c. DATE SIGNED: 12/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-21-62
23c. NAME OF CEMETERY OR CREMATORY: Hagy
23d. LOCATION (City, town, or county) (State): Dexter, Missouri

24. FUNERAL DIRECTOR: Rainey Funeral Home, ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 12-22-1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

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 L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.