

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36016

State File No.

FILED DEC 5 1955

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1263	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 10 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 1/2 Mary St.				e. STREET ADDRESS (If rural, give location) 604 1/2 Mary St. 01170			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) F.		c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 3, 1881	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ollie Gibson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-07-5605A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Nelson 216 E. Kansas Av. St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 2 days Uk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-26, 1955, to 11-26, 1955, that I last saw the deceased alive on 11-25, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE H F Mundy		(Degree or title) M.D.		23b. ADDRESS 2801 Sacramento St. Joseph, Missouri		23c. DATE SIGNED 11-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29, 55		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem. St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Dec 2, 1955		REGISTRAR'S SIGNATURE Katherine M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. A. Clark*.....

Licensed Embalmer No. *42*.....

P. O. Address *Memphis*.....

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.