MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0049904 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11931

FILED DEC 28 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
1				
2	21	1		
3				
4	0			
5	1			
6				
7	0			
8	2			
9				
10				
11				
12	90.0			
13				

90

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3021a Magnolia Ave.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3021a Magnolia Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Wendell Middle A. Last Gibson

4. DATE OF DEATH: Month December Day 17, Year 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/17/1899

9. AGE (last birthday): 65
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): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Truck Co.

11. BIRTHPLACE (City and State or country): St.Francois Co.,Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Joseph Gibson

13b. MOTHER'S MAIDEN NAME: Lola Herod

14. NAME OF HUSBAND OR WIFE: Iva Gibson

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.: 492-10-2856

17. INFORMANT Address: Iva Gibson, 3021a Magnolia Ave.

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): CARCINOMATOSIS, MEDIASTINAL
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1644
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)

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 7/27/64 to 12/17/64 and last saw him alive on 12/17/64
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Victor B. Kieffer, MD

22b. ADDRESS: 100 N. EUCLID, ST. LOUIS 8

22c. DATE SIGNED: 12/18/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-20-64

23c. NAME OF CEMETERY OR CREMATORY: St.Francis Memorial

23d. LOCATION (City, town, or county) (State): Bonne Terre,Mo.

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home, Desloge,Mo.

25. DATE RECD. BY STATE REG.: DEC 18 1964

26. REGISTRAR'S SIGNATURE: Neal Smith, M.D.

(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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.