

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32535**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4021**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saint Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 16 days		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A. c. (Last) GIBSON			4. DATE OF DEATH (Month) (Day) (Year) September 28, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH Jan. 18, 1896		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: 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 Farming		11. BIRTHPLACE (State or foreign country) Doe Run, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Elias Gibson		13b. MOTHER'S MAIDEN NAME Eliza Gann		14. NAME OF HUSBAND OR WIFE Evelyn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS _____	
(If yes, give war or dates of service) World War I					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LEUKEMIA, STEM CELL TYPE						Unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis				2043	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 204.3				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) _____		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 **Sept. 12, 1949**, to **Sept. 28, 1949**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Print name and title) L.E. Stilwell, M.D. Chf. Prof. Services		23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED 9/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-49		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) Farmington Mo		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary, St. Louis, Mo. ADDRESS _____			
DATE REC'D BY LOCAL REG. 9-28-49		REGISTRAR'S SIGNATURE Herbert P. Howland			

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

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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

Student Embalmer

Signed Ronald Dyshuke

Licensed Embalmer No. 9917

P. O. Address Atkins 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 this body is not embalmed, fact should be so stated above.