

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18705

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 185

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1603 South Moniteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
1 58 years in Pettis County
In this community
years, months or days

3. (a) PRINT

FULL NAME Gaston Parker Wilborn

3. (b) If veteran, name war none
(c) Social Security No. none

4. Sex Male 0
5. Color or race White 2
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife. Sarah Yokley Wilborn
6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased March 8, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 5 hr. min.

9. Birthplace. Thomasville, North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation. retired farmer

11. Industry or business.

12. Name. Frank Wilborn
13. Birthplace. Thomasville, North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name. unknown
15. Birthplace. unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant. G. L. Wilborn (son)

(b) Address. 1912 South Harrison, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 5/15/42
(Month) (Day) (Year)

(c) Place: burial or cremation. Lamonte, Missouri

18. (a) Signature of funeral director. Duane Ewing

(b) Address. Sedalia, Mo.

19. (a) 5/15/42 (b) Duane Ewing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1603 South Moniteau
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day 13
year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from May 9
1942 to May 13, 1942
that I last saw him alive on May 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage
Duration 4 days

Due to arteriosclerosis

Due to

Other conditions. myo carditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury.

23. Signature. M. P. Shiff
Address. Sedalia, Mo. Date signed 5-14-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-10-42

Dr. Shy

618

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.