

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward William Gilbreath

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Francis Schott 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 31 - 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John W. Gilbreath
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Annie E. Nearhoff
 15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Ken Young
 (b) Address Appleton City Mo

17. (a) Burial (b) Date thereof May 28 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee
 (b) Address Appleton City Mo

19. (a) May 25 - 1947 (b) Hendell Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
 (c) City or town Appleton City Mo 9:3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 1 1947 to May 25 1947
 that I last saw him alive on May 25 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Broncho pneumonia
Uremic coma
 Due to Arterial sclerosis
Chronic nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations 1310
 Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
 (c) Means of injury _____

23. Signature A. L. Hansen (M. D. or other) M.D.
 Address Appleton City Mo Date signed 5-26-47

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

RECEIVED
District Health Officer No. 7,
District File Number 5-47-697
Date Filed 6.6.47

APR 7 1947

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.....
on the 25th day of May 1947, Registered Apprentice No.....
working under my personal supervision.

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Wapakoneta City, Ohio*

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.