

FILED MAY 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **11430**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3004**

Registrar's No. **527**

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

**1. PLACE OF DEATH:**  
 (a) County **Barton**  
 (b) City or town **Lamar**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **39 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Barton**  
 (c) City or town **Lamar**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **J. T. VAN GILDER**  
 3. (b) If veteran, name war **xxx**  
 3. (c) Social Security No. **488-16-2307**

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Versie Opal Reiley**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **March 24 1903**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>45</b>	<b>0</b>	<b>8</b>	hr. _____ min.

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

10. Usual occupation **Chief Lineman**

11. Industry or business **R. E. A. Barton County**

12. Name **Lafayette Van Gilder**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Aletta May Hammond**

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Opal Van Gilder**  
 (b) Address **Lamar, Missouri**

17. (a) **Burial** (b) Date thereof **April 29 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oakton Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**  
 (b) Address **Lamar, Missouri**

19. (a) **APR 29 1948** (b) **Marie Konantz**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **27**  
 year **1948** hour **3** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **Oct. 24** 19**47** to **Apr. 27** 19**48**  
 that I last saw him alive on **Apr. 27** 19**48**  
 and that death occurred on the day and hour stated above.

Immediate cause of death **Carcinoma of liver with metastatic nodules**  
 Duration **5 mo +**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **2/6 F**  
(Include pregnancy within 3 months of death)

Major findings: **Jan. 19, 1948**  
**with Bilpsy (amorphous)**  
 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) (e) Means of injury \_\_\_\_\_

23. Signature **Jan T. Biehl** (M. D. or other) **M.D.**  
 Address **Lamar, Mo** Date signed **4/29/48**

RECEIVED

District Health Officer No. 6,

District File Number 548-562

Date Filed MAY 6 1948

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.....

*Frank W. Denton*

....., Registered Apprentice No. 7

working under my personal supervision.

Signed.....

*Carl F. Conway*

..... Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.