

No. 300  
10-47  
5-17-39  
PI 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 14 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28570**  
Registrar's No. **47**

Registration District No. **322**

Primary Registration District No. **4482**

1. PLACE OF DEATH:  
(a) County **SCOTLAND**  
(b) City or town **MEMPHIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **9**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **68 YEARS** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **SCOTLAND**  
(c) City or town **MEMPHIS**  
(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 **CORA PERECILLA GILBERT**  
3. (b) If veteran, name war **L**  
3. (c) Social Security No. **L**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **26**  
year **1948** hour **9** minute **P.M.**  
21. I hereby certify that I attended the deceased from **Dec 1st**, 19**46** to **Aug 26**, 19**48**  
that I last saw him alive on **Aug 26**, 19**48**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **WILLIAM M. GILBERT** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased: **APRIL 7 1880**  
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis** Duration **7-19-48**  
Due to **coronary artery disease** **3 yrs.**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **68** Months **4** Days **19** If less than one day hr. min.  
9. Birthplace **SCOTLAND** (City, town, or county) (State or foreign country)  
10. Usual occupation **HOUSE WIFE**

MOTHER FATHER  
11. Industry or business  
12. Name **JOSEPH THOMPSON**  
13. Birthplace **KY**  
14. Maiden name **ELIZABETH McCANDLES**  
15. Birthplace **KY**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Wayne Gilbert**  
(b) Address **800 Paul Trinn**  
17. (a) **BURIAL** (b) Date thereof **8-29-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **MEMPHIS CEMETERY**  
18. (a) Signature of funeral director **Wayne Gilbert**  
(b) Address **MEMPHIS Mo**  
19. (a) **9/1/48** (b) **W. A. Gil** (Registrar's signature)  
(Date received local registrar)

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 **E. E. Gilbert** (M. D. or other) **MD**  
Address **Memphis, Med** Date signed **8/31/48**

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

APR 26 1950

RECEIVED

District Health Officer No. 10

District File Number 948.1610

Date Filed SEP 13 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Neal Payne*.....

Licensed Embalmer No. 2550.....

P. O. Address *Memphis 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.