

FILED OCT 18 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 32579

Registrar's No. 885

1. PLACE OF DEATH:

(a) County GREENE
 (b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
O'REILLY VA HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)
 In this community 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RAY GILBERT

3. (b) If veteran, name war WW II 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married (separated)
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 26 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 9 17 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Henry Gilbert
 13. Birthplace Indiana Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Linda Tennyson
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: VA Records

(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) removal (b) Date thereof Oct. 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spartan Cemetery

18. (a) Signature of funeral director: T. B. Chappin

(b) Address Mark St.

19. (a) 10-14-48 (b) M. H. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Christian
 (c) City or town OLDFIELD
(If outside city or town limits, write "RURAL")
 (d) Street No. none
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
 year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 1, 1948, to October 13, 1948;
 that I last saw him alive on October 13, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration _____

Due to Multiple fracture, ribs, with perforation of lung and extensive subcutaneous emphysema.

Fracture, 12th thoracic & 1st lumbar

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

Major findings: Of operations _____
 Of autopsy _____
 1706-8
 1128

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) Accident 104

(b) Date of occurrence Sept. 30, 1948

(c) Where did injury occur? Near, Hurley Stone No.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rt. # A, County Road

While at work? No (Specify type of place) (e) Means of injury Auto Accident

23. Signature P. L. Eisele (M. D. or other) _____

Address O'Reilly VAH Springfield Date signed _____

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

MOTHER FATHER

JAN 6 1949

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..... *T. B. Chaffin*.....
Licensed Embalmer No. *2192*.....
P. O. Address..... *Ozark 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.