

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1812**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **12**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).	
a. COUNTY <b>Livingston</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Livingston</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>207 Conn</b>		d. STREET ADDRESS (If rural, give location) <b>207 Conn</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Gilbert</b>	b. (Middle) <b>Romesburg</b>	c. (Last)	<b>January 29, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 18, '05</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Locksprings, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Romesburg</b>	13b. MOTHER'S MAIDEN NAME <b>Louisia Jane Darnell</b>	14. NAME OF HUSBAND OR WIFE <b>Eugenia Gay</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-14-7717</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gilbert Romesburg; Chillicothe, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2.5 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exophthalmic goiter</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>2500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1946**, to **Jan 29 1949** that I last saw the deceased alive on **Jan 27, 1949**, and that death occurred at **3:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. C. Hutchinson</b>	(Degree or title) <b>MD.</b>	23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>Jan 31, 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-31-49</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>Hutchinson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Livingston Co., Missouri</b>
DATE REC'D BY LOCAL REG. <b>Jan/31/49</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Elton Norman.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.