

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 22 1949 STANDARD CERTIFICATE OF DEATH

19972

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE MISSOURI b. COUNTY McDonald

b. CITY (If outside corporate limits, write RURAL and give township)
Joplin

c. CITY (If outside corporate limits, write RURAL and give township)
Rte #1, Seneca

d. FULL NAME OF HOSPITAL OR INSTITUTION
Crume Nursing Home 4

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) William b. (Middle) Houston c. (Last) Gilbert

4. DATE OF DEATH (Month) (Day) (Year)
April 25, 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
June 18, 1862

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 4 HRS.
86 Months 10 Days 7 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own farm

11. BIRTHPLACE (State or foreign country)
McDonald County, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
H. O. Gilbert, Independence, Kans.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart, Kidney and Oedema
INTERVAL BETWEEN ONSET AND DEATH
about a year ago
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broken upper femur
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
General infirmities due to his age
4341

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1948, to Apr. 25, 1949, that I last saw the deceased alive on Apr. 25, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
V. B. Anweiler M.D.

23b. ADDRESS
Seneca, Missouri

23c. DATE SIGNED
6-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
4-27-49

24c. NAME OF CEMETERY OR CREMATORY
Jane Cemetery

24d. LOCATION (City, town, or county) (State)
Jane Mo.

DATE REC'D BY LOCAL REG.
6-7-49

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Burns Funeral Home, Bentonville, Ark.

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

49
3/20

RECEIVED 6-20-49
Jasper County Health Office

County File Number 49-6-470

Date Filed 6-20-49

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.

Student _____
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.