

No. 300
10. 48

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26455**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **5301** Registrar's No. **53**

25 g

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

1. PLACE OF DEATH a. COUNTY <i>Clinton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Clinton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Shoal-Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Shoal</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>7 1/2 miles SW Cameron</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>7 1/2 miles SW Cameron</i>			

3. NAME OF DECEASED a. (First) <i>Edith</i> b. (Middle) <i>Lorena</i> c. (Last) <i>Gilchrist</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-6-49</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Mar 4-1883</i>		9. AGE (In years last birthday) <i>66</i>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Clinton Co. Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Wm. Wilkhalder</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Belle Wolfe</i>		14. NAME OF HUSBAND OR WIFE <i>Claude Gilchrist</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Claude Gilchrist Cameron</i>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Atherosclerosis</i>			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>4201</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 *7-15-49*, to *8-6-49*, 19*49*, that I last saw the deceased alive on *7-15-49*, and that death occurred at *3:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. Wilkhalder M.D.</i>		23b. ADDRESS <i>Cameron Mo</i>		23c. DATE SIGNED <i>8-7-49</i>	
--	--	-----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8-9-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Graceland</i>		24d. LOCATION (City, town, or county) (State) <i>Cameron Mo</i>	
DATE REC'D BY LOCAL REG. <i>8-13-49</i>		REGISTRAR'S SIGNATURE <i>Winifred W. Mosler</i>		590		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Funeral Home Cameron</i>	

OCT 6 1949

DEC 6 1955



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 *George R. Jannell*

Signed.....
Student Embalmer

Licensed Embalmer No. *4425*

P. O. Address *224 West 4th*

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.

Cameron, Missouri