

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36509

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 385

1. PLACE OF DEATH a. COUNTY <u>Ballaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunley</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle)	c. (Last) <u>GILPIN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 26 1949</u>
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5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>June 8-1877.</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>15</u> Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion Gilpin</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Chaffin</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Ann Gilpin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Fulton Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-18-1949, to 11-26, 1949, that I last saw the deceased alive on 11-25, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>W.S. Warrick M.D. by R. Gueyord.</u>	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>11-26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/26/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 26-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marjorie Funeral Home Fulton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14  
1  
2

District File Number  
District Health Officer No. 9  
NOV 28 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

working under my personal supervision.

Student Embalmer No.....

Signed

*Walter J. Haines, Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4553*

P. O. Address *Fulton, 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.