

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5211

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Warrensburg Mo.</u>)		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Centerview Mo.</u>		<u>6510</u>	
d. FULL NAME OF HOSPITAL OR <u>Warrensburg Hospital & Clinic Inc</u>				d. STREET ADDRESS (If rural, give location) <u>Centerview</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>Peck</u> c. (Last) <u>Gilbert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Mar. 16 1887</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & Decorater</u>		11. BIRTHPLACE (State or foreign country) <u>Marshfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Geo. F. Gilbert</u>			13b. MOTHER'S MAIDEN NAME <u>Nancie Wharton</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G Fred Gilbert Marion Ville Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>- Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> 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. <u>4201</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>Jan</u> , 19 <u>50</u> , to <u>2-17-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-17-50</u> , 19 <u>50</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. F. McKinney MD</u> (Degree or title)				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>2-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 18 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield Mo.</u>	
DATE REC'D BY LOCAL REG <u>Feb. 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Savannah C. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

J. Earl Priest

Licensed Embalmer No. *2878*

P. O. Address *Warrensburg*

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.