

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17041**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **196**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 1601 Vermont	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Nellie c. (Last) Gilbreath	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1950
--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)	8. DATE OF BIRTH Sept. 2, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
----------------------	-------------------------------	--	---------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing alterer	10b. KIND OF BUSINESS OR INDUSTRY Wholesale clothing	11. BIRTHPLACE (State or foreign country) Holt, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME RICHARD A. ROSS	13b. MOTHER'S MAIDEN NAME ELZINA HARRIS	14. NAME OF HUSBAND OR WIFE Chas. E. Gilbreath
---	--	---

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. 495 03 3859	17. INFORMANT'S SIGNATURE OR NAME Chas. F. Gilbreath, Independence, Mo.	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only concise 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 5 min 2 days 4:30
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myopericardium		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction 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	19b. MAJOR FINDINGS OF OPERATION Pathologist	20. AUTOPSY? YES <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00Pm.**, from the causes and on the date stated above.

22a. SIGNATURE A. E. Upshero MD (Degree or title)	22b. ADDRESS 2800 main	22c. DATE SIGNED 5/17/50
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-20-50	24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	24d. LOCATION (City, town, or county) (State) SHAWNEE, KANSAS
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. May 17, 1950	REGISTRAR'S SIGNATURE James A. Keating	25. FUNERAL DIRECTOR'S SIGNATURE Robert C. Carson ADDRESS Independence, Mo.
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

0489

0484
 6

MAY 25 RECD

NO
ENCLOSURE
JUN 1

JUN 2 1960

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

John M. Heissner

Licensed Embalmer No. *4704*

P. O. Address *Independence*

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.