

No. 300
10-48

FILED JUL 11 1950

STANDARD CERTIFICATE OF DEATH

19747

State File No. _____

64
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 Michigan</u>				d. STREET ADDRESS (If rural, give location) <u>608 Michigan</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>HEYMAN</u>		c. (Last) <u>GILBERS</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>5</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 18, 1863</u>	9. AGE (In years last birthday) <u>86</u>	if under 1 year Months <u>5</u>	if under 1 year Days <u>17</u>	if under 24 hrs. Hours <u>17</u> Mins. _____
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 <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Henry Gilbers</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Gilbers J.C. Mo.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-30-8105</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herbert Jaggart J.C. Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>		II. OTHER SIGNIFICANT CONDITIONS <u>nephritis</u>				<u>6 month</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) _____	
		DUE TO (c) _____				<u>4 1/2 X</u>	
						<u>6 month</u>	
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)		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>Dec 10</u> 19 <u>49</u> , to <u>July 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 3</u> , 19 <u>50</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Kanagawa M.D.</u>				23b. ADDRESS <u>1 Dallmeyer Bldg</u>		23c. DATE SIGNED <u>7/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>J.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 7-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Morrison - M.P. 28</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dull J.C. Mo.</u>			

RECEIVED 7-10-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-10-50

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 _____

Donnan H. James

Student Embalmer No. 374

working under my personal supervision.

Student *Donnan H. James*
Student Embalmer

Signed *Sylvester Dulle*
Licensed Embalmer No. 4321

P. O. Address *Jefferson City 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.