

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24331

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Minnesota</u> b. COUNTY <u>Stearns</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
c. LENGTH OF STAY (In this place) <u>30 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>872 D</u> <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Clara</u>	a. (First)	b. (Middle) <u>- Weinman</u>	c. (Last) <u>Gilk</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>16</u> (Year) <u>50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7; 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Wconia, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Weinman</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Beckers</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Gilk</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jacob Gilk</u>	ADDRESS <u>Albany, Minnesota</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-4 1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myelogenous leukemia</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.			

19a. DATE OF OPERATION <u>6-15-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Spleen - ruptured on corpse & bleeding</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT 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 6-13, 1950, to 6-16, 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 12 mid m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Hughes</u> (Degree or title) <u>0 m. d.</u>	23b. ADDRESS <u>Albany, Mo</u>	23c. DATE SIGNED <u>10 July - 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/20/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Minnesota</u>
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DATE REC'D BY LOCAL REG. <u>7-19-50</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> 389	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

850

FEB 27 1968

RECEIVED 7/18/50
Pulaski County Health Officer
File Number _____
Date Filed 7/19/50

JUL 26 1950

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 _____

6/17/1950

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Fred N. Gilmer*

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.