No. 300
10.48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Gilfillan
State File No. 25761

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6103 Registrar's No. 39

0990

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

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arfela
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arfela Mo
d. STREET ADDRESS (If rural, give location): 0990

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): C
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): June 10 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 10 1862
9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months 10 Days | IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: J Smith
13b. MOTHER'S MAIDEN NAME: Mary Trautman
14. NAME OF HUSBAND OR WIFE: Newton Smith

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.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Daisy Shinfurger

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — years.
DUE TO (c): 4 20 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Cholecystitis — 5 year.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1940, *to* June 10, 1950, *that I last saw the deceased alive on* June 10, 1950, *and that death occurred at* 7:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Gilfillan M.D.
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 6-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12 1950
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove
24d. LOCATION (City, town, or county) (State): Arfela Mo

DATE REC'D BY LOCAL REG.: 7/1/50
REGISTRAR'S SIGNATURE: P M Baker 407
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Garth Beskett Memphis

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Officer No. 10
District File Number 8-14-1287
Date Filed AUG 1 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed A. C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.