

FILED AUG 21 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26268

BIRTH NO. 4779-50 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) Dawn, RFD# 0170	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8 Miles NW Tina.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southside Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant Daughter Mr & Mrs Troy Gilbert		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 25 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH June 23rd, 1950	
9. AGE (In years last birthday) XX		IF UNDER 4 YEARS Month XX Day 3		IF UNDER 24 HRS. Hours 3 Min.		11. BIRTHPLACE (State or foreign country) Southside Hospital Carrollton, Missouri.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Troy A. Gilbert		13b. MOTHER'S MAIDEN NAME Larraig Johnson		14. NAME OF HUSBAND OR WIFE XXXXX	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Troy Gilbert, Dawn, Missouri.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Paramer		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) asale			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7543	

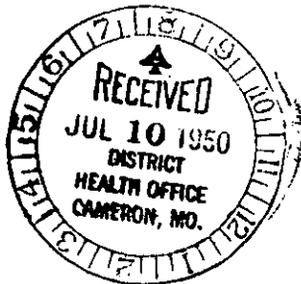
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 23, 1950, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Dr. Charles D. Hall		23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED June 25, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/26/1950		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
24d. LOCATION (City, town, or county) (State) 6 miles NW Tina, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin		ADDRESS Tina, Mo.	
DATE REC'D BY LOCAL REG. 6/26/50		REGISTRAR'S SIGNATURE Mrs Herbert Calver		45	

(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

*Clifford W Austin*⁶

Licensed Embalmer No.

3233

P. O. Address

Tina, 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.