No. 300
10.48

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

0730

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27659

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place): 83 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0730
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Franklin
c. (Last): Gilstrap

4. DATE OF DEATH (Month) (Day) (Year): August 20 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: August 6, 1867

9. AGE (In years last birthday): 83 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Neosho, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Jessee Gilstrap

13b. MOTHER'S MAIDEN NAME: Sarah Adams

14. NAME OF HUSBAND OR WIFE: Mable Gilstrap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mable Gilstrap, Rt. 1, Neosho Mo.

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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. 4222

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* Mar 20, 1947, *to* Aug 20, 1950, *that I last saw the deceased alive on* Aug 16, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. Mendenhall D.O.

23b. ADDRESS: Seneca Mo

23c. DATE SIGNED: 8-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 8-22-50

24c. NAME OF CEMETERY OR CREMATORY: Burkhart Cemetery

24d. LOCATION (City, town, or county) (State): Neosho Mo

DATE REC'D BY LOCAL REG.: Aug 22, 1950

REGISTRAR'S SIGNATURE: Melvin C. Bonnaud 223

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Parker-Hunsaker Mortuary, Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-178

Date Filed AUG 30 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.