.S. No. 300
Rev. 10.48

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

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29558

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 372

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

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

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): DAVID
c. (Last): GILBREATH

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 8 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: OCT. 9 1934
9. AGE (In years last birthday): 15 — 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): Youth
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wayne Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES GILBREATH
13b. MOTHER'S MAIDEN NAME: LIZZIE OSBORN
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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): Fatal burns - entire

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): body
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E916.3 / 11

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 11
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sawmill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Williamsville Wayne Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 7 1950 10 p m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Scalded by broken steam pipe

22. *I hereby certify that I attended the deceased from* 9-7, 1950 *to* 9-8, 1950 *that I last saw the deceased alive on* 9-8, 1950 *and that death occurred at* 3 25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Henrickson DMD
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: 9-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 1950
24c. NAME OF CEMETERY OR CREMATORY: Hadida Cemetery
24d. LOCATION (City, town, or county) (State): Williamsville Mo

DATE REC'D BY LOCAL REG.: Sept 25 1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. S. Marshall Greenville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 3 1950
BUTLER CO. HEALTH CENTER
FILE No. 1050-407

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 Eris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville 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.