

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5301

4210

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3012 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> <del>CARROLL</del>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Shoal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>124rs</u>		d. STREET ADDRESS (If rural, give location) <u>S. H. A. L. 0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Gilby</u> c. (Last) <u>Gilby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Dec. 1. 1873</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 14 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Joseph W. Gilby</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Gilby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Gilby</u> ADDRESS <u>Hammon, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and myocardial degeneration</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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs?</u>  <u>42-2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 31, 1951, to Feb 8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 7:05A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Templeman D.O.</u> (Degree or title)		23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>2-9-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Converse Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Converse, Mo.</u>	

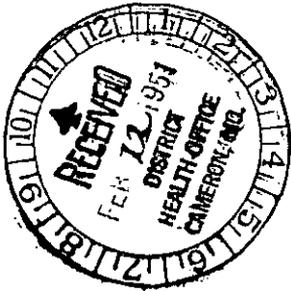
DATE REC'D BY LOCAL REG. <u>2-9-51</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> 390		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Demoss Creek, Cameron, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

250



**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 *Laurence James Thompson*

Licensed Embalmer No. *4785*

P. O. Address *Cameron, N.C.*

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.