

FILED FEB 24 1951

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

State File No. 7200

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> <u>1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>539 E. Kathleen</u>		d. STREET ADDRESS (If rural, give location) <u>539 E. Kathleen</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Manuel</u>	b. (Middle) <u>—</u>	c. (Last) <u>Gilbert</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 28 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct, 31, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Union City, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Proctor Bush Gilbert</u>	13b. MOTHER'S M maiden NAME <u>Anna Driswell</u>	13c. NAME OF HUSBAND OR WIFE <u>Della (Moultrie) Gilbert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chell Mr Gilbert</u>	ADDRESS <u>539 E. Kathleen Sikeston, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 28, 1951, to Jan 28, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Cutchlow M.D.</u>	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>Feb 10, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR NEW Madrid, MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 12 - 51</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Kudl</u>	ADDRESS <u>New Madrid, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED FEB 19 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 251-54

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Leo H. Haggerty.....

Signed.....
Student Embalmer

Licensed Embalmer No 3803.....

P. O. Address New Madrid, 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.