

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7840**

FILED APR 9 1951

242

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write BURIAL and give town) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Excelsior Springs</u>		d. STREET ADDRESS (If rural, give location) <u>115 West Excelsior</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>115 West Excelsior St</u>							
3. NAME OF DECEASED a. (First) <u>GILBERT</u> b. (Middle) <u>FREDERICK</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 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>Jan. 12, 1872</u>	
9. AGE (in years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ferdinand Frederick</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Evans</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>484-22-1997</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Frederick, Greenfield Iowa</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>							
DUE TO (c) _____							
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"/> )		<u>4201</u>	
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) _____		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 <u>Mar 5</u> , 1951, to <u>Mar 14</u> , 1951, that I last saw the deceased alive on <u>Mar 12</u> , 1951, and that death occurred at <u>10 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Dawson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Excelsior Springs Mo</u>		23c. DATE SIGNED <u>3-14-51</u>	
24a. BY BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>3/14/51</u>		REGISTRAR'S SIGNATURE <u>Charles D. Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Prichard</u>		ADDRESS <u>Excelsior Springs Mo</u>	



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 \_\_\_\_\_

*Paul Rapp*

Signed .....  
Student Embalmer

Licensed Embalmer No. *23458*

P. O. Address *Excelsior Spgs. 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.