

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9436

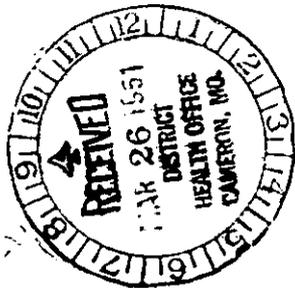
FILED APR 2 1951

State File No. 81
Registrar's No. 81

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		State File No. 81		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY NODA WAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY NODA WAY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYVILLE		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOPKINS 0740					
d. FULL NAME OF HOSPITAL OR INSTITUTION 614 W. 2nd STR.				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Rosie			b. (Middle) JANE		c. (Last) GILBERT		4. DATE OF DEATH (Month) (Day) (Year) MAR. 13-1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. Dowd		8. DATE OF BIRTH July 13-1882		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Jonesville - VA.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Wm Riley Wilder			13b. MOTHER'S MAIDEN NAME MARGAET ARNOLD			14. NAME OF HUSBAND OR WIFE EMMETT GILBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Gilbert, Bedford, Va.				
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) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 wk	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes						2 yrs	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						260X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min) _____		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 Apr 15 , 19 52 , to Mar 13 , 19 51 , that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A m., from the causes and on the date stated above.									
23a. SIGNATURE L. H. Dean (Degree or title) M.D.				23b. ADDRESS Maryville Mo			23c. DATE SIGNED 3-17-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 16-1951		24c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery		24d. LOCATION (City, town, or county) (State) Bolckow Mo			
DATE REC'D BY LOCAL REG. 3-24-51		REGISTRAR'S SIGNATURE Kess Holt			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Scorsone, Hopkins, Mo				

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

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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 myself Student Embalmer No. _____

Student
Student Embalmer

Signed Stanley Swanson _____

Licensed Embalmer No. 3963 _____

P. O. Address Hopkins, 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.