No. 300
10-48

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11534

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BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 213 W. Ash St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia 0105
d. STREET ADDRESS (If rural, give location) 213 W. Ash St. 0

3. NAME OF DECEASED (Type or Print) a. (First) CELESTINE b. (Middle) c. (Last) GILCHRIST

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 20, 1878
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 5 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Port Washington, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Gillan
13b. MOTHER'S MAIDEN NAME Catherine Hengel
14. NAME OF HUSBAND OR WIFE Walter Gilchrist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Florence Gilchrist, Columbia, Mo. 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) Cor Pulmonale with cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema and fibrosis — Unknown
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 525X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* April, 1951, *that I last saw the deceased alive on* April 7, 1951, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Roland P. Ladenson (Degree or title) M.D.
23b. ADDRESS 16 S. 10th Columbia
23c. DATE SIGNED 4-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April 15, 1951
24c. NAME OF CEMETERY OR CREMATORY Rainier Hill
24d. LOCATION (City, town, or county) Worthington, Minnesota (State)

DATE REC'D BY LOCAL REG. April 15 1951
REGISTRAR'S SIGNATURE Mrs R E Palmer 31
25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-23-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-23-51

MAY 27 1951

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 Chas L Zarring

Signed _____
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia,

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.