

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17292**

FILED MAY 18 1951

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3042		Registrar's No. 151	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		a. STATE Missouri b. COUNTY Marion	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1100 Valley ST		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 1100 Valley ST		0644	
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) E		c. (Last) Gilbert	
4. DATE OF DEATH (Month) (Day) (Year) May 3 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 20 1896		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 7 Days 13		IF UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY McGowney Co		11. BIRTHPLACE (State or foreign country) Bush, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Gilbert		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Willie C			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) Yes WW #1 -		16. SOCIAL SECURITY NO. 497-18-0980		17. INFORMANT'S SIGNATURE OR NAME Willie Gilbert		ADDRESS 1100 Valley Hannibal Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.					
		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			
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)		4201	
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 5-3 , 1951, to 5-3 , 1951, that I last saw the deceased alive on 5-3 , 1951, and that death occurred at 4:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. R. Murphy (Degree or title) MD				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 5/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-51		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Marion Mo	
DATE REC'D BY LOCAL REG. 5/7/51		REGISTRAR'S SIGNATURE W. C. Fricker		25. FUNERAL DIRECTOR'S SIGNATURE James O'Connell ADDRESS Hannibal Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0644

RECEIVED
MAY 11 1951
CO. HEALTH DEPT.
DATE FILED
MAY 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Michael J. O'Donnell*

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.