

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19469

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>618</u>	
1. PLACE OF DEATH a. COUNTY Buohanen				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. LENGTH OF STAY (in this place) 90 days		c. CITY (If outside corporate limits, write RURAL and give township) Fairport		0.320	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo, Methodist				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Ruben		b. (Middle)		c. (Last) Gilbert		4. DATE OF DEATH (Month) June (Day) 7 (Year) 51	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May, 1, 1873	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ruben Gilbert		13b. MOTHER'S MAIDEN NAME Hannah Middaugh		14. NAME OF HUSBAND OR WIFE Ida Gilbert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, but not unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Horace Gilbert Maysville Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES with repeated hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Postoperative pulmonary embolus				INTERVAL BETWEEN ONSET AND DEATH ? 15ix	
19a. DATE OF OPERATION 6-2-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach - Gastric resection				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)		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 5-17 , 19 51 , to 6-7 , 19 51 , that I last saw the deceased alive on 6-7 , 19 51 , and that death occurred at 8:50 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. C. Senon M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 6-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-51		24c. NAME OF CEMETERY OR CREMATORY Fairport		24d. LOCATION (City, town, or county) (State) Fairport Mo	
DATE REC'D BY LOCAL REG. June 9, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		446 FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Maysville Mo	

(Licensed Embalmer's Signature on Reverse Side)

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

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.....
Student Embalmer

Signed *John Brown*

Licensed Embalmer No. *3933*

P. O. Address *Wayville, 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.