

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8150

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Watzel Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thoms b. (Middle) J. c. (Last) GILBERT		4. DATE OF DEATH (Month) (Day) (Year) Mar-25-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26, 1863
9. AGE (In years last birthday) 88		10. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Johnson County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H.L. Gilbert Lowry City Mo.	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia + hemorrhage (b) Hypertrophy of prostate (c) Serility		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3. DUE TO (b)			
4. DUE TO (c)					
5. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6. Serility			

19a. DATE OF OPERATION 3-23-52		19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate 610X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e. 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 3-23, 1952, to 3-25, 1952, that I last saw the deceased alive on 3-25, 1952, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Florence H. Haxwell		(Deputy or title)		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 3-25-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 27, 52	
24c. NAME OF CEMETERY OR CREMATORY King Grove		24d. LOCATION (City, town, or county) Berkeley		(State) Mo.	
DATE REC'D BY LOCAL REG. Mar-27-52		REGISTRAR'S SIGNATURE Florence		25. FUNERAL DIRECTOR'S SIGNATURE Adair	
ADDRESS		ADDRESS P.O. Box 1000			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1952

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

JB Goodrich

Licensed Embalmer No.

3038

P. O. Address

Crescent 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.