

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27855

27855

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4215		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY HENRY 0428				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HENRY 0428			
b. CITY OR TOWN BROWNINGTON		c. LENGTH OF STAY (in this place) 7 mo		c. CITY OR TOWN BROWNINGTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St BROWNINGTON				d. STREET ADDRESS (If rural, give location) MAIN ST			
3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) JANE c. (Last) GILBERT				4. DATE OF DEATH (Month) (Day) (Year) August 11, 1952			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH Jan 8 1894	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIFE INS AGENT		11. BIRTHPLACE (State of foreign country) BROWNINGTON MO		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIFE INS AGENT		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (State of foreign country) BROWNINGTON MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wesley Lindley		13b. MOTHER'S MAIDEN NAME Lina Herring		14. NAME OF HUSBAND OR WIFE POLAND 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, No. 1000 Woodmen Blvd			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 15 MIN. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) N. B. Walker, MD coroner				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 9 Aug. 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 13 - 1952		24c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEM		24d. LOCATION (City, town, or county) (State) BROWNINGTON MO	
DATE REC'D BY LOCAL REG. Aug 11 - 52		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dickman & Dunning Clinton			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1953

DEC 1 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

Robert L. Dunning

Licensed Embalmer No. *4210*

P. O. Address *Clinton 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.