

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4539</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Wray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hazlet</u>				
b. CITY OR TOWN <u>Williamsville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Williamsville</u> <u>1110</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>MAE</u> c. (Last) <u>GILBREATH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-52</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 25, 1885</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>		IF UNDER 24 Hrs. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kenn. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Kirkpatrick</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Alex Gilbreath</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alex Gilbreath</u> ADDRESS <u>Williamsville Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonic Conditions</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>					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) (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 <u>Jan</u> , 19 <u>49</u> , to <u>Oct 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>52</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Adam F. Wagner</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Greenville Mo.</u>		23c. DATE SIGNED <u>10-14-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamsville</u>		24d. LOCATION (City, town, or county) (State) <u>Williamsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> <u>460</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. Funeral Home</u> ADDRESS <u>Hazlet Hazel Greenville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

110
1

RECEIVED
OCT 31 1953

WAYNE CO. HEALTH CENTER

No. 1052-58

JAN 8
1953

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Marian E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.