

FILED DEC 1 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39450

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 385

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>22 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>South Center</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Tolman</b>	b. (Middle) <b>Lewis</b>	c. (Last) <b>Gilstrap</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-20-1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18, 1891</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>61 7 12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of workable life, even if retired) <b>Automobile Dealer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Macon County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mark Gilstrap</b>	13b. MOTHER'S MAIDEN NAME <b>Thursa Lunsford</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Anna Gilstrap</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Gilstrap</b>	ADDRESS <b>Shelbina, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>11/20 6:25 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11/19**, 19**52**, to **11/20**, 19**52**, that I last saw the deceased alive on **11/20**, 19**52**, and that death occurred at **6:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>T. J. Lucke</b>	(Degree & Title)	23b. ADDRESS <b>Shelbina, Mo</b>	23c. DATE SIGNED <b>11/22/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-23-1952</b>	24c. NAME OF CEMETERY OR OREMATORY <b>Shelbina I. OOF.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/26/52</b>	REGISTRAR'S SIGNATURE <b>W. E. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barlow &amp; Hawkins</b>	ADDRESS <b>Shelbina, Mo</b>
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RECEIVED NOV 28 1952  
MADISON CO. HEALTH DEPT.  
DATE FILED NOV 28 1952

JUN 21 1957

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 James D. Davis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.