

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 192

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>903 West Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>1203 Hinkson AVE.</u>	

3. NAME OF DECEASED a. (First) <u>Laura</u>		b. (Middle)		c. (Last) <u>Gilpin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 23 1874</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			

13a. FATHER'S NAME <u>John Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Tiltford</u>		14. NAME OF HUSBAND OR WIFE <u>Israel Gilpin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>154X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Gilpin Ashland, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year ±</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>		

19a. DATE OF OPERATION <u>26 Dec 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum with perforation and general peritonitis</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)		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 26 Dec, 1952, to 28 April, 1953, that I last saw the deceased alive on 25 April, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Honore E Thomas M.D.</u>		(Degree or title)		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>30 April 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 2 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.L. Brunell</u>		ADDRESS <u>Ashland Mo</u>	

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 W^m C. Burnett

Licensed Embalmer No. 3567

P. O. Address Asland, 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.