

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18033

State File No. _____

FILED MAY 21 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2300

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Halden</u> 0510	
c. LENGTH OF STAY (in this place) <u>18 day</u>		d. STREET ADDRESS (If rural, give location) <u>So Market St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTHEA</u> b. (Middle) _____ c. (Last) <u>GILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 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>1887</u>
9. AGE (in years) (last birthday) <u>71</u>		10. MONTHS <u>11</u>	11. DAYS <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Journa 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Phillips Shmel</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Samuel Gilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alex Shmel</u>		ADDRESS <u>Halden 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarct 2 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease 1 yr</u> DUE TO (c) _____ II. 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 _____	
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 <u>4-20</u> <u>1953</u> to <u>5-3</u> <u>1953</u> that I last saw the deceased alive on <u>5-3</u> <u>1953</u> and that death occurred at <u>6:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>A. MOTTIE GILBERG</u> (Degree or title)		23b. ADDRESS <u>MD 1103 Grand Ave</u>	
23c. DATE SIGNED <u>5-3-53</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>May 5 '53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Halden Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-3-53</u>		REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada Hays Halden Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Helden

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.