

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35331**

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 62

0230  
1

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka</u>		0230 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>404 W. Cedar St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chase</u>		b. (Middle) <u>S.</u>	c. (Last) <u>Gilkinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-25-1874</u>	9. AGE (In years last birthday) <u>79</u>	9. AGE (In years last birthday) <u>79</u> # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 MIN. Hours _____ # UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Frederick Gilkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Duce</u>	14. NAME OF HUSBAND OR WIFE <u>Lee Silver</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. S. Gilkinson</u> ADDRESS <u>Kahoka 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>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 <u>10-14, 1953</u> , to <u>10-17, 1953</u> , that I last saw the deceased alive on <u>10-17, 1953</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. ...</u> (Degree or title)		23b. ADDRESS <u>Kahoka Mo</u>		23c. DATE SIGNED <u>10/28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tragedee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clark Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/28-53</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u> ADDRESS _____	

**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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.