

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 595

0560

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

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, Mo		c. LENGTH OF STAY (In this place) 74yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, Mo. R.		0580
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 Marceline, Mo			d. STREET ADDRESS (If rural, give location) Rt. 2 Marceline, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Christopher Gilbert b. (Middle) _____ c. (Last) Gilbert			4. DATE OF DEATH (Month) (Day) (Year) 12 22 53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept. 20, 74		9. AGE (In years last birthday) 79 # UNDER 1 YEAR 3 # UNDER 2 YEARS 2 # UNDER 3 HRS. 0 # UNDER 4 MINS. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Laclede, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fred Gilbert		13b. MOTHER'S MAIDEN NAME Miltada Mithcell		14. NAME OF HUSBAND OR WIFE Anna Gilbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Gilbert Rt. 2 Marceline		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Serinity		INTERVAL BETWEEN ONSET AND DEATH 1 hr
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) 4201		
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 June 9, 1950 , to Dec 22, 1953 , that I last saw the deceased alive on Dec 22, 1953 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R.A. Dinebess D.O.			23b. ADDRESS D. O. 2 Burlington		23c. DATE SIGNED 12-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Mo		
DATE REC'D BY LOCAL REG. 12/24/53	REGISTRAR'S SIGNATURE Mary Queen Riegway		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gas. M. Laughlin Marceline, Mo		

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

Licensed Embalmer No. 4425

P. O. Address 600 E. State St

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.

George D. Thomas
Marline, Mo