

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12599**

FILED APR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Frances</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Myrtle</b> c. (Last) <b>Gilbreath</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 10 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 25 1870</b>	9. AGE (In years: last birthday) <b>83</b>	IF UNDER 1 YEAR: Days <b>3</b> Hours <b>16</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Barton Smoot</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah A. Minear</b>		14. NAME OF HUSBAND OR WIFE <b>James C. Gilbreath</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Richard D. Tate</b> ADDRESS <b>Elmer Mo</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) <b>Acute Intestinal Obstruction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>1-29-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute Intestinal Obstruction 5705</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 **Jan 1954** to **Feb 10 1954**, that I last saw the deceased alive on **Feb 10 1954**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert W. Smith M.D.</b>		23b. ADDRESS <b>Marceline Mo</b>		23c. DATE SIGNED <b>4-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 12 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmer</b>	
24d. LOCATION (City, town, or county) (State) <b>Elmer Macon Mo</b>					

DATE REC'D BY LOCAL REG. <b>4-14-54</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Rogway</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. McCallum</b> ADDRESS <b>South Gifford Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford No

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.