

FILED APR 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13064

9220
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>814</u>		PRIMARY REG. DIST. NO. <u>4452</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Clair</u>		b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <u>Osceola</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Clair</u>	
c. LENGTH OF STAY (In this place) <u>10</u> year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Osceola</u>		d. STREET ADDRESS		<u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Patsey</u>	b. (Middle)	c. (Last) <u>Green</u>	(Month) <u>Mar</u>	(Day) <u>30</u>	(Year) <u>1954</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
5. SEX	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Johnson County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.L. Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>June Helms</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Della Gilbert, Osceola Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		II. OTHER SIGNIFICANT CONDITIONS <u>794 X</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
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) m.		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>3-5</u> 19 <u>54</u> , to <u>3-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>54</u> , and that death occurred at <u>2:25</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Osceola Mo.</u>		23c. DATE SIGNED <u>3/31/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iconium</u>		24d. LOCATION (City, town, or county) (State) <u>Iconium Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-31-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u>		ADDRESS <u>Osceola 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 J. B. [Signature].....

Licensed Embalmer No. 3038.....

P. O. Address [Signature].....

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.