No. 300
10.48

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19943

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5-960 Registrar's No. 38

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

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RR Camden Point Green
c. LENGTH OF STAY (In this place): Full Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Platte
c. CITY OR TOWN: Camden Point
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RR Camden Point, Mo. 0830

3. NAME OF DECEASED (Type or Print)
a. (First): Essie
b. (Middle): Gabbert
c. (Last): Burt

4. DATE OF DEATH (Month) (Day) (Year): 6 30 54

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 20 1867
9. AGE (In years last birthday): 86 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Platte Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas L. Gabbert
13b. MOTHER'S MAIDEN NAME: Martha Crabb
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Reyburn Burt — ADDRESS: Camden Point, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myo-Carditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artero-sclerosis
DUE TO (c): a fall at home
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Platte County 0830 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X June 9 1954 3P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell off back Porch

22. *I hereby certify that I attended the deceased from* June 18, 1954, *to* June 30, 1954, *that I last saw the deceased alive on* June 29 1954, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Woods M.D.
23b. ADDRESS: Dearborn Mo — June 30—54
23c. DATE SIGNED: 7-2-54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 7-2-1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Weston Missouri

DATE REC'D BY LOCAL REG.: 7-2-54
REGISTRAR'S SIGNATURE: Ophia Rollins 2570
25. FUNERAL DIRECTOR'S SIGNATURE: Rollins & Mitchell — ADDRESS: Platte City, Mo.
By Paul L. Whitters

(Licensed Embalmer's Statement on Reverse Side)

JUL 1954
RECEIVED
PLATTE COUNTY
HEALTH DEP'T
By.....

JUL 1954
RECEIVED
PLATTE COUNTY
HEALTH DEP'T
By.....

JUL 21 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Giffee

Licensed Embalmer No. 47

P. O. Address Platte Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.