

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33069

State File No.

FILED NOV 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1165</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>17 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>708 No. 4 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Martin Rest Home 914 No. 4 3rd St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>GILBERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1954</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>March 9, 1887</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>		11. BIRTHPLACE (State or foreign country) <u>Dryden Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>William Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Short</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gertrude Gilbert</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. <u>491-10-6181</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Iva Crappen St. Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate with metastasis to Genito Urinary tract</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177 X</u></p>					
19a. DATE OF OPERATION <u>1-16-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bilateral orchiectomy done for Carcinoma of Prostate</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) 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>5-21, 1954</u> , to <u>10-29, 1954</u> , that I last saw the deceased alive on <u>10-28, 1954</u> , and that death occurred at <u>10:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H F Mundy</u>		23b. ADDRESS <u>2401 St Joseph Mo</u>		23c. DATE SIGNED <u>11/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4627*

P. O. Address *St Joseph 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.