

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23040**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **179**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) Maryville | | c. CITY OR TOWN Maryville | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | e. STREET ADDRESS (If rural, give location) 1403 East 2nd St | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Home | | | |

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|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Pilla b. (Middle) Jane c. (Last) Gilbert | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-10-1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 12-9-1875 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work those during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Graham-Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME George Irby | | 13b. MOTHER'S MAIDEN NAME Joan Hudgens | | 14. NAME OF HUSBAND OR WIFE W. J. Gilbert - deceased | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. L. Gilbert - Maryville, Mo - | |

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|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Block | | INTERVAL BETWEEN ONSET AND DEATH | |
| *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 (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 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) | |

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|---|--|--|--|----------------------------|--|
| 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 7, 1955** to **July 10, 1955**, that I last saw the deceased alive on **July 10, 1955** and that death occurred at **7:15 PM** from the causes and on the date stated above.

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|---|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE H. M. Chase (Dr. or title) | | 23b. ADDRESS Maryville Mo. | | 23c. DATE SIGNED July 11-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-12-55 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem - | |
| | | | | 24d. LOCATION (City, town, or county) (State) Maryville Mo - | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 7-16-55 | | REGISTRAR'S SIGNATURE Bess Ibold | | 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Mo - | |
|---|--|---|--|--|--|

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. M. [Signature]

Licensed Embalmer No. *33*

P. O. Address *Maryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.