

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28615**

FILED AUG 16 1955

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 152		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 8 hours		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital				e. STREET ADDRESS (If rural, give location) II28 1/2 Troost Ave. 314 1				
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Huston c. (Last) Gilman			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10th, 1955.					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 12th, 1912		
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body man air		11. BIRTHPLACE (City and State or Foreign Country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body man air		10b. KIND OF BUSINESS OR INDUSTRY Auto Repair		11. BIRTHPLACE (City and State or Foreign Country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frank Gilman			13b. MOTHER'S MAIDEN NAME Bessie Jose			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-10-8393		17. INFORMANT'S SIGNATURE OR NAME Mrs G.C. Piper, Marshall, Mo. R. No. 3				
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart dis DUE TO (c) 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 12 days ?	
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 Aug 9, 1955 , to Aug 9, 1955 , that I last saw the deceased alive on Aug 9, 1955 , and that death occurred at 2-30A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Martin E. Hoche M.D.				23b. ADDRESS Marshall, Mo		23c. DATE SIGNED 8/10/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri		
DATE REC'D BY LOCAL REG. Aug 11-55		REGISTRAR'S SIGNATURE Cecil L. Reed		25. FUNERAL DIRECTOR'S SIGNATURE Deputy Campbell-Lewis		ADDRESS MARSHALL, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Lewis

Licensed Embalmer No.....
4

P. O. Address.....
Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.