

FILED AUG 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24426

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5766</u>		Registrar's No. <u>254</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Miller Twp</u>)		c. LENGTH OF STAY (In this place) <u>40 Yrs</u>		c. CITY OR TOWN <u>Miller Twp</u>		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 <u>R # 3</u>				e. STREET ADDRESS (If rural, give location) <u>R # 3 Hannibal, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>Victor</u>		c. (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 29 - 1956</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>May 22, 1887</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Angola, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Victor L. Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Slaybough</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Thomas</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Gilbert</u> ADDRESS <u>Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage from rt. thigh</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of rt. thigh, metastatic</u> <u>1 month.</u>	
		DUE TO (c) <u>Carcinoma of glans penis</u> ✓				<u>9 months.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>179x</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) <u>Hannibal, Marion, Mo.</u>			
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 <u>6/28/56</u> , 19 <u>56</u> , to <u>7/25/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/25/56</u> , 19 <u>56</u> , and that death occurred at <u>4:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Schwabach, M.D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>8/1/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller, twp Marion, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/2/56</u>		REGISTRAR'S SIGNATURE <u>Em Luke Byrd</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Clark</u> ADDRESS <u>Hannibal, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

189-6

RECEIVED AUG 8 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 1956

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..... *Raymond Clark*

Licensed Embalmer No. 4217

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