

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18165

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Pattis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pattis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sadalia</u>		c. CITY OR TOWN <u>Sadalia</u>	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) <u>23 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>310 West 6th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>MASON</u> c. (Last) <u>Gilbreath</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept 25 1871</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sadalia Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Edwin Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Lissie E. Mockber</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Gilbreath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Harnsberger</u> ADDRESS <u>Sadalia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u>		DUE TO (b) <u>X</u>		8 mos	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>X</u>			
II. OTHER SIGNIFICANT CONDITIONS		Intestinal obstruction of 2 days			
Conditions contributing to the death but not related to the disease or condition causing death.		due to growth			

19a. DATE OF OPERATION <u>5/17/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, lower descending Colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Y</u>	

22. I hereby certify that I attended the deceased from April 1957, May 18, 1957 that I last saw the deceased alive on 5/15, 1957 and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs. R. E. Kemerer M.D.</u>		23b. ADDRESS <u>Sadalia Mo</u>		23c. DATE SIGNED <u>5/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Shelby M^o Laughlin Bros</u> ADDRESS <u>Sadalia</u>			
DATE REC'D BY LOCAL REG. <u>5-20-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby M^o Laughlin Bros</u>			

MS
APR 24 1957

JUL 2 1957

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 *KO McLary*.....

Licensed Embalmer No. 315.....

P. O. Address *Sedalia*.....

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.