

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004777

STATE FILE NUMBER

FILED MAR 13 1958

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Belton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>908 1/2 Cedar</b>		Length of stay in lb <b>9 months</b>	d. STREET ADDRESS (If outside, give location) <b>908 1/2 Cedar</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>THOMAS</b> Last <b>GILBY</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>28,</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12, 1881</b>	9. AGE (In years at birthday) <b>78</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rochester, N. Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph W. Gilby</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Cupit</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Gilby</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>514-05-9517</b>	17. INFORMANT <b>Mrs. J. T. Gilby</b>	Address <b>Belton, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infection &amp; Debilitation</i> DUE TO (b) <i>Carcinomatosis</i> DUE TO (c) <i>Primary Carcinoma of Prostate</i>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Aortic Aneurysm - Cor Pulmonale. 177X</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>June 1957</i> to <i>2-28-58</i> and last saw <sup>her</sup> him alive on <i>2-28-58</i> Death occurred at <i>3:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>John R. McKee, D.O., Belton, Mo.</i>	22b. ADDRESS <i>Belton, Mo.</i>	22c. DATE SIGNED <b>3-1-58</b>
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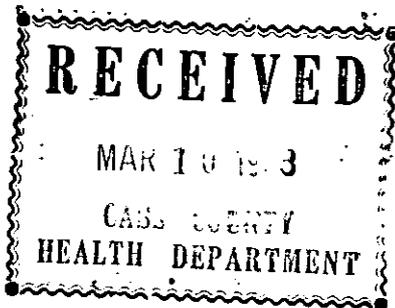
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Burial</b>	23b. DATE <b>3/2/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	23d. LOCATION (City, town, or county) <b>Belton, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <i>George &amp; Sons</i>	ADDRESS <b>Belton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>March 2, 1958</b>	26. REGISTRAR'S SIGNATURE <i>Dora Barnard</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, welfare, public service  
300  
-57  
Doctor, coroner, etc. must use only standard nomenclature in year-to-date certificate. All diseases in Part I must be causally related.



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 *Richard E. George* .....

Licensed Embalmer No. *3958* .....  
P. O. Address *Beltone, 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.