

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008760
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 47

Health,
Welfare
Public
Service

300
-57
070
1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

17
1

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>308 E. Jefferson Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>308 E. Jefferson</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>E.</u> Last <u>Gile</u>			4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>White Church, Kansas</u>
13a. FATHER'S NAME <u>Alfred Gile</u>		13b. MOTHER'S MAIDEN NAME <u>Cathern</u>	14. NAME OF HUSBAND OR WIFE <u>Leora Gile</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 Address <u>Leora Gile Butler, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypos-static pneumonia</u>			<u>4 days</u>
DUE TO (c) <u>Comatose condition</u>			<u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Carcinoma of stomach, with Remnant</u>			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.) <u>2</u>	
20c. TIME OF INJURY Hour <u>8:30</u> a.m. <u>p.m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from <u>Nov. 58 1957</u> to <u>MAR 13-58</u> and last saw ^{him} alive on <u>MARCH 13-58</u> Death occurred at <u>8:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. D. Lathrop, M.D.</u>		22b. ADDRESS <u>Butler, Mo.</u>	22c. DATE SIGNED <u>3/21/58</u>
23a. BURIAL, CREMATION, REINBURSEMENT (Specify) <u>Burial</u>	23b. DATE <u>3-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Butler, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Culver-Underwood Butler, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Krumm</u>

APR 17 1958

MAY 1 1958

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 *Robert S. Sturbeck*

Licensed Embalmer No. *4657*.....
P. O. Address *Bettling, 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.