Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025038
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 99 Primary Registration District No. 5376 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hwy 36. Length of stay in lb —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Colo. b. COUNTY Jefferson
c. CITY OR TOWN Lakewood 8050 8 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 7303 W Colfax Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Rachel Middle ANN Last Gilbert.
4. DATE OF DEATH Month July Day 9 Year 58
5. SEX F 1
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 19 1934
9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Richmond Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME P.D. Wood
13b. MOTHER'S MAIDEN NAME ~~Pagans~~ Lucy Pagans.
14. NAME OF HUSBAND OR WIFE Howard Gilbert.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Aug 31-53 - Aug 17-55
16. SOCIAL SECURITY NO. 226-40-1577
17. INFORMANT Howard Gilbert Address Lakewood Colo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture Cervical Spine — " "
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto accident
20c. TIME OF INJURY Hour 10 30 p.m. Month, Day, Year 7. 9. 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. H.W. 36
20f. CITY, TOWN, OR LOCATION Cameron COUNTY DeKalb 032 STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) U.S. Maddock Deputy Coroner 3
22b. ADDRESS Maysville, Mo
22c. DATE SIGNED July 10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 11-58.
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Denver Colo

24. FUNERAL DIRECTOR Poland Funeral Home ADDRESS Cameron Mo
25. DATE RECD. BY LOCAL REG. 7-21-58
26. REGISTRAR'S SIGNATURE Rachel Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 28 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 F Poland

Licensed Embalmer No. 4777

P. O. Address Cannon

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.