

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029921
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 126.

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUFFALO		c. CITY OR TOWN LOUISIANA 0820	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 1, LOUISIANA, MO.		d. STREET ADDRESS (If outside, give location) RFD 1	
Length of stay in lb 10 YEARS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GILBERT			4. DATE OF DEATH Month Day Year Aug. 22, 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 16, 1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME WILLIAM GILBERT	13b. MOTHER'S MAIDEN NAME ELIZABETH BELL	14. NAME OF HUSBAND OR WIFE NONE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. CHARLES JOHNSON, LOUISIANA, MO.	Address
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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) Hypertensive Cardio-vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 443X		
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 <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 Month, Day, Year a.m. 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 January 1958 to 8/16/58 and last saw ^{her} him alive on 8/16/58 Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (D, agree or title) Robert H. Anderson M.D.	22b. ADDRESS Louisiana Mo	22c. DATE SIGNED 8/24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/24/58	23c. NAME OF CEMETERY OR CREMATORY BUFFALO CEMETERY	23d. LOCATION (City, town, or county) (State) LOUISIANA MO.
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24. FUNERAL DIRECTOR STERNE FUNERAL HOME, LOUISIANA MO.	25. DATE RECD. BY LOCAL REG. Aug 26, 1958	26. REGISTRAR'S SIGNATURE Berniece Collier
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Virginia Stern Estabrook*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.