

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038631
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 192

FILED OCT 24 1958

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sheldon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Cherry No. 1503</u>		Length of stay in lb <u>1 wk</u>	d. STREET ADDRESS (If outside, give location) <u>1080</u>
3. NAME OF DECEASED (Type or print) First <u>Carrie</u> Middle <u>Agnes</u> Last <u>Gilkey</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>58</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 22 1869</u>
9. AGE (In years) <u>89</u> Months <u>09</u> Days <u>09</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Textile</u>
11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah L. Latham</u>	
14. NAME OF HUSBAND OR WIFE <u>Edwin Gilkey</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>nil.</u>		17. INFORMANT Name <u>Gerald Gilkey</u> Address <u>Leaar 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>Cerebral Vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
DUE TO (b) <u>Hypertensive Arteriosclerotic cardio vascular disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>443X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.)	
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	
21. I attended the deceased from <u>Oct. 4, 1958</u> to <u>Oct. 10, 1958</u> and last saw her alive on <u>October 10, 1958</u> Death occurred at <u>Nevada, Mo.</u> <u>6:00</u> p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Type or print name) <u>P. McCann, M.D.</u>		22b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	
22c. DATE SIGNED <u>Oct. 13, 1958</u>		23. LOCATION (City, town, or county) (State) <u>Sheldon MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 12</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>		23d. LOCATION (City, town, or county) (State) <u>Sheldon MO</u>	
24. FUNERAL DIRECTOR <u>Beeny Funeral Home Sheldon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-1958</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 *J. Gerald Beery*

Licensed Embalmer No. *4203*
P. O. Address *Walden, Me*

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.