

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002055
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 157 Primary Registration District No. 5697 Registrar's No. 19

300
1-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural 0590
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural		Length of stay in 1b 65yrs.	d. STREET ADDRESS (If outside, give location) RED 1, Chillicothe
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL S GILBERT			4. DATE OF DEATH Month Day Year Jan. 9, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1891		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 67 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or county) Livingston Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Michael S. Gilbert Sr.		13b. MOTHER'S MAIDEN NAME Amanda Wilson	14. NAME OF HUSBAND OR WIFE Lena Gilbert	

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. xx	17. INFORMANT Mrs. M.S.Gilbert, Chillicothe, 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) Myocardial infarction due to		INTERVAL BETWEEN ONSET AND DEATH 3 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) congestive Heart Disease	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 **Nov 38** to **9 Jan 59** and last saw ^{her} alive on **9 Jan 59**
Death occurred at **9 Jan 11:50 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W D Vandiver M.D.	22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED 10 Jan 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Ross Cemetery	23d. LOCATION (City, town, or county) (State) Livingston Co., Mo.
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24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE Francis B Neill
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Russell Gordon*

Licensed Embalmer No. *4191*
P. O. Address *Chillicothe*

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.