

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004440  
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 25

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Memorial Hosp.</b>		Length of stay in 1b <b>1 da.</b>	d. STREET ADDRESS (If outside, give location) <b>600 Mill Street</b>
3. NAME OF DECEASED (Type or print) First <b>Grover</b> Middle <b>Gilbert</b> Last		4. DATE OF DEATH Month <b>Feb</b> Day <b>11</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 23 1883</b>
9. AGE (In years birth day) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer-contractor</b>	11. BIRTHPLACE (City and state or country) <b>Milwaukee Wisc.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. NAME OF HUSBAND OR WIFE <b>Gertrude Gilbert</b>	
13a. FATHER'S NAME <b>Fred Gilbert</b>		13b. MOTHER'S MAIDEN NAME <b>no record</b>	
14. NAME OF DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		15. SOCIAL SECURITY NO.	
16. INFORMANT <b>Mrs Gertrude Gilbert-Butler Mo.</b>		Address	
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>Acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Coronary atherosclerosis</u>			<u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ 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	
21. I attended the deceased from <u>Apr. 1948</u> to <u>2/14/59</u> and last saw him/her alive on <u>2/14/59</u> Death occurred at <u>6:25 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carter W. Luter M.D.</u>		22b. ADDRESS <b>Butler Missouri</b>	
22c. DATE SIGNED <u>2/13/59</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/13/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill</b>		23d. LOCATION (City, town, or county) (State) <b>Butler Missouri</b>	
24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Missouri</b>		25. DATE RECD. BY LOCAL REG. <u>Feb. 13-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Randall Perry</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

MAR 3 1957

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 *John G. Henderson* .....  
Licensed Embalmer No. *3585* .....  
P. O. Address *Butler Pa* .....

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.