

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008475

STATE FILE NUMBER

352

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

1000

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2419 Jackson		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2419 Jackson
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle EARL Last GILPIN			4. DATE OF DEATH Month April Day 3 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail	11. BIRTHPLACE (City and state or country) Suxton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Gilpin		13b. MOTHER'S MAIDEN NAME Belle Karns		14. NAME OF HUSBAND OR WIFE Anna E.	
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. 491-24-5106A		17. INFORMANT Don Gilpin, 2419 Jackson, St. Joseph, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of pancreas + colon			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 1992		
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
21. I attended the deceased from July 1958 to Apr 1959 and last saw him alive on Apr 3, 1959 Death occurred at 10:15 p on the date stated above, and to the best of my knowledge from the causes stated.					

22a. SIGNATURE G.T. Carpenter		22b. ADDRESS 902 Edmund		22c. DATE SIGNED 4/4/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/6/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cenetery	23d. LOCATION (City, town, or county) St. Joseph Missouri		

24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 8, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell	
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MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. G.T. Carpenter
All diseases in Part I must be causally related.
All diseases in Part I must be causally related.

1959 JUN 8 NHP

VS MAY 30 1960

W. B. ...

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 *William ...*

Licensed Embalmer No. 4535

P. O. Address *...*

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.