

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008550

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Soplar Bluff</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Gideon</i> c. 720
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doctors Hosp.</i>		Length of stay in lb <i>6 days</i>	d. STREET ADDRESS (If outside, give location) <i>2 mi S.E.</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Bessie SARAH Gilkey</i>			4. DATE OF DEATH Month Day Year <i>3-6-1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-24-1906</i>	
9. AGE (In years last birthday) <i>52</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	

10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTH PLACE (City and state and country) <i>Danville, Ark.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Charley Freeman</i>		13b. MOTHER'S M maiden name <i>Abbie Greger</i>	14. NAME OF HUSBAND OR WIFE <i>Virgil Gilkey</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Virgil Gilkey</i>	Address <i>Gideon Mo.</i>
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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) <i>Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cor Pulmonale</i>	<i>6 weeks</i>
	DUE TO (c) <i>Tuberculous Pneumonia</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>DC 2-X</i>		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 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 \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Mavis B. Barlow, M.D.</i>	22b. ADDRESS <i>Soplar Bluff, Mo.</i>	22c. DATE SIGNED <i>3-9-59</i>
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23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE <i>3/8/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stanfield Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Clarkton Mo.</i>
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24. FUNERAL DIRECTOR <i>Clay &amp; Russell Kigott</i>	ADDRESS <i>Ark.</i>	25. DATE REGD. BY LOCAL REG. <i>3/7/59</i>	26. REGISTRAR'S SIGNATURE <i>R. M. Muehle</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 *Floyd M. Russell* .....  
Licensed Embalmer No. *509-0* .....  
P. O. Address *19901* .....

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.