

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012089  
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		c. CITY OR TOWN <u>Liberal</u> 0060 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or print) First <u>GERTRUDE</u> Middle <u>GILKEY</u> Last <u>GILKEY</u>		4. DATE OF DEATH Month <u>3</u> Day <u>14</u> Year <u>1959</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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-31-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (City and state or country) <u>Liberal, Mo</u>
13a. FATHER'S NAME <u>Henry Whitsell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Musick</u>	14. NAME OF HUSBAND OR WIFE <u>Wallace J. Gilkey</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-36-0981A</u>	17. INFORMANT <u>Hospital records</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>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiovascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>
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 _____ o.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>10/4/1957</u> to <u>3/14/1959</u> and last saw her/him alive on <u>3/14/1959</u> Death occurred at <u>1:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George Esker, M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hosp. No. 3, Nevada, Mo.</u>	22c. DATE SIGNED <u>3/14/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/16/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rosebank</u>	23d. LOCATION (City, town, or county) (State) <u>Mulberry Kansas</u>
24. FUNERAL DIRECTOR <u>J. M. Berkey</u> ADDRESS <u>Mulberry, Kans.</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-1959</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Perry</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

C.

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. M. Berkeley* .....

Licensed Embalmer No. *2336* .....  
P. O. Address *Mulberry, Ka* .....

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.