

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026035

FILED VS AUG 4 1959 245

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. ~~1372~~ 73

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton	b. CITY (If outside corporate limits, give TOWNSHIP only) Neosho	a. STATE Missouri	b. COUNTY McDonald Co.
Length of stay in lb 2 1/2 yrs		c. CITY OR TOWN Seneca	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Todd Nursing Home		d. STREET ADDRESS rt 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Mary Jane	Middle Gilbert	Last Gilbert	4. DATE OF DEATH	Month July	Day 6	Year 1959
-------------------------------------	---------------------------	--------------------------	------------------------	------------------	----------------------	-----------------	---------------------

5. SEX Fem.	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 24, 79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	-------------------------------------	-----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Gentry Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	--

13a. FATHER'S NAME Caleb Crowder	13b. MOTHER'S MAIDEN NAME Lizetta Jagers	14. NAME OF HUSBAND OR WIFE William 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. None	17. INFORMANT Mrs. John Lunderman, rt. 1, Seneca Mo.
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
IMMEDIATE CAUSE (a) Pyelonephritis acute		
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	---

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 a.m. p.m.	Month, Day, Year
---	------------------

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 **Feb 17 - 1959** to **7 - 6 - 59** and last saw her ^{her} _{him} alive on **July 3 - 1959**
Death occurred at **5:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin M. Cullough D.D.	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 7/13/59
--	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Swars Prairie Bapt. Cem.	23d. LOCATION (City, town, or county) (State) Newton Co. Mo.
--	----------------------------------	---	--

24. FUNERAL DIRECTOR W. C. Cullough	25. DATE RECD. BY LOCAL REG. July 23, 1959	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W E Bell

Licensed Embalmer No. 3179

P. O. Address General

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.