

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000614

FILED VS JAN 18 1960

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 2

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Carrollton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 W.Heidle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 503 W.Heidle Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BERRY Middle ELMER Last GILBERT			4. DATE OF DEATH Month Jan. Day 14 Year 1960
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired pipeline		10b. KIND OF BUSINESS OR INDUSTRY Oil	9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min.
13a. FATHER'S NAME James W. Gilbert		13b. MOTHER'S MAIDEN NAME Anna E. Epperson	14. NAME OF HUSBAND OR WIFE Emma E. 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. 510-01-0350	17. INFORMANT Address Mrs. B. E. Gilbert, Carrollton, 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease - DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Congestive failure - intractable			INTERVAL BETWEEN ONSET AND DEATH 30 min. 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 11 Jan. 1960 to 14 Jan. 1960 and last saw her ^{him} alive on 14 Jan. 1960 - Death occurred at 8:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack L. Wainman M.D.		22b. ADDRESS 116 Edgest Benton Carrollton, MO -	22c. DATE SIGNED 1-16-1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/17/1960	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
23d. LOCATION (City, town, or county) Carrollton		(State) MO.	
24. FUNERAL DIRECTOR Gibson Funeral Home ADDRESS Carrollton, MO.		25. DATE RECD. BY LOCAL REG. 1-16-60	26. REGISTRAR'S SIGNATURE Max Seebert

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN

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 James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Va.

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.