

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001190

FILED VS. FEB 8 1960 / 28

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **129**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY GREENE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove, Rural		Length of stay in 1b years.		c. CITY OR TOWN Walnut Grove, R.#2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles S.E. Walnut Grove				d. STREET ADDRESS (If outside, give location) 5 miles S.E. Walnut Grove		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Francis Middle HENDERSON Last Gilbreath				4. DATE OF DEATH Month JAN Day -30- 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 7-13-1887		
9. AGE (last birthday) 72		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) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) LAPLATA, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles C. Gilbreath			13b. MOTHER'S MAIDEN NAME DANA MORRIS			14. NAME OF HUSBAND OR WIFE LEONA Gilbreath		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WWI			16. SOCIAL SECURITY NO. 495-40-6190		17. INFORMANT Address LEONA Gilbreath, Walnut Grove R#2			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE DUE TO (b) PULMONARY EDEMA DUE TO (c) HYPSTATIC PNEUMONIA 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 type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 30 min 12 hrs 24 hrs	
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 checked="" 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 JAN 1, 1960 to 1-30-60 and last saw her/him alive on 1-30-60 Death occurred at 12:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. R. Davis D.O.				22b. ADDRESS Walnut Grove MO		22c. DATE SIGNED 2-1-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-1-60		23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		23d. LOCATION (City, town, or county) (State) Walnut Grove, MO		
24. FUNERAL DIRECTOR Brim-Daniel				ADDRESS Walnut Grove, MO		25. DATE RECD. BY LOCAL REG. 2-4-60		
				26. REGISTRAR'S SIGNATURE Effie S. Meaton				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 2 1960

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

Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address

Walnut Grove, 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.