

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006826**

**FILED VS MAR 15 1960**

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 123

STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY <b>Jasper</b>  |  | a. STATE <b>Missouri</b> COUNTY <b>Newton</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>                      |  | Length of stay in 1b <b>22 hrs.</b>  | c. CITY OR TOWN <b>Neosho</b>                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            | d. STREET ADDRESS (If outside, give location) <b>Route # 3</b> |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  |  |  |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>3. NAME OF DECEASED</b> (Type or print)   |   |   | <b>4. DATE OF DEATH</b>  |   |  |
| First <b>Alvin</b>   | Middle <b>A.</b>                        | Last <b>Gilbert</b>   | Month <b>March</b>   | Day <b>3,</b>   | Year <b>1960</b>   |
| <b>5. SEX</b><br><b>Male</b>   | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><b>Jan. 13, 1919</b>                                | <b>9. AGE (last birthday)</b><br><b>41 yr.</b>            | <b>IF UNDER 1 YEAR</b><br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Truck Driver</b>                |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Trucking</b>   | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Smith County, Kan.</b> | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b>       |  |
| <b>13a. FATHER'S NAME</b><br><b>Guy Gilbert</b>  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Jessie Idleman</b>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Inez Gilbert</b> |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> <b>None</b> |   | <b>16. SOCIAL SECURITY NO.</b><br><b>494-18-0323</b>  | <b>17. INFORMANT</b><br><b>Inez Gilbert,</b> Address <b>Neosho, Missouri</b>   |   |  |

|   |                                |  |
|---|--------------------------------|--|
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                   |                                | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Cerebral Embolus</b>   |                                |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Appoplectary</b> |  |
| DUE TO (c) <b>Acute appoplectary</b>  |                                |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

|   |  |   |                            |
|---|--|---|----------------------------|
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>      | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |                            |
| <b>20c. TIME OF INJURY</b><br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.                | Month, Day, Year   |   |                            |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                                | <b>20f. CITY, TOWN, OR LOCATION</b>   | <b>COUNTY</b> <b>STATE</b> |

**21.** I attended the deceased from March 1, 1960 to March 3, 1960 and last saw him alive on March 4, 1960  
Death occurred at 6:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |  |   |  |
|---|-----------------------------------|--|---|--|
| <b>22a. SIGNATURE</b> (Degree or title)<br><i>H. Whitford M.D.</i>    |                                   | <b>22b. ADDRESS</b><br><i>Neosho Mo</i>                                  |   | <b>22c. DATE SIGNED</b><br><i>3-8-60</i> |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>     | <b>23b. DATE</b><br><b>3/7/60</b> | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Neosho Memorial Park</b> | <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>Neosho, Missouri</b> |  |
| <b>24. FUNERAL DIRECTOR</b><br><b>Clark Funeral Home, Neosho, Mo.</b> |                                   | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>3-11-1960</b>                  | <b>26. REGISTRAR'S SIGNATURE</b><br><i>Dora Merriam</i>                         |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1961

STATEMENT BY LICENSED EMBALMER

APR 20 1961

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. W  
Measho Mo.

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