

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016258

FILED VS. MAY 2 1960 251

Primary Registration District No. 3048

Registrar's No. 100

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in lb 26 years		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 719 East Thompson			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 719 East Thompson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First OCIE Middle ANN Last GILBERT				4. DATE OF DEATH Month 4 Day 28 Year 60					
5. SEX Female	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 3/27/87	9. AGE (last birthday) 73	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 Own home		11. BIRTHPLACE (City and state or country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Melvin Foster			13b. MOTHER'S MAIDEN NAME Sarah Allen			14. NAME OF HUSBAND OR WIFE Chester 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 Address Chester Gilbert, Maryville, 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) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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							INTERVAL BETWEEN ONSET AND DEATH		
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 4-19-60 to 4/28/60 and last saw her alive on 4-27-60 Death occurred at 5:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) D. O.				22b. ADDRESS Maryville, Missouri			22c. DATE SIGNED 4/28/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/1/60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill		23d. LOCATION (City, town, or county) (State) Galena, Kansas				
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				25. DATE RECD. BY LOCAL REG. 4-29-60		26. REGISTRAR'S SIGNATURE Bess Holt			

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 _____

John W. Price

Licensed Embalmer No. _____

4281

P. O. Address _____

Maryville

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.