

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-024089

FILED VS JUN 17 1960

Registration District No. 280 Primary Registration District No. 280 Registrar's No. 5769 46

STATE FILE NUMBER

|   |   |   |  |  |   |   |  |
|---|---|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Platte</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Platte</b> |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Weston</b>  |   | Length of stay in 1b<br><b>3 Years</b>  |  | c. CITY OR TOWN <b>Weston,</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>R. R. Weston, Mo.</b>   |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>None</b>                             |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Emma</b> Middle <b>Lee</b> Last <b>Gabbert</b>  |   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>7,</b> Year <b>1960</b>   |  |   |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>2-28-1881</b>   | 9. AGE (last birthday)<br><b>79</b>   | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Wife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Platte County, Mo.</b>                  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Lewis Wilson</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Melissa Kimsey</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Onza Gabbert</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br><b>Mrs. Earl Norman Weston, Missouri</b>                                |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (b) <b>Generalized Arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr.</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 checked="" type="checkbox"/> N: <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <b>5/31/60</b> to <b>6/7/60</b> and last saw her <b>alive</b> on <b>6/6/60</b><br>Death occurred at <b>5:40</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>C. W. Blackwell, M.D.</b>  |   |   |  | 22b. ADDRESS<br><b>Platte City, Mo.</b>  |   | 22c. DATE SIGNED<br><b>6-8-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>June 9, 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Camden Point Cem.</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Camden Point, Mo.</b>                |   |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Tommy R. Rollins Platte City, Mo.</b>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>June 9, 1960</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>B. Phillip Rollins</b>  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1962

Rec'd  
P.

**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 Tommy R. Rollin

Licensed Embalmer No. 5110

P. O. Address St. Albans, Vt.

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.