

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033878

FILED VS. OCT 10 1960 042

Primary Registration District No. 1000

Registrar's No. 1029

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		Length of stay in 1b <b>15 Yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>518 1/2 South 6th. Street</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>518 1/2 South 6th. Street</b>		
3. NAME OF DECEASED (Type or print) First <b>Edgar</b> Middle <b>Melvin</b> Last <b>Gillpatrick</b>				4. DATE OF DEATH Month <b>October</b> Day <b>3</b> Year <b>1960</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>March 21, 1898</b>		
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (City and state or country) <b>Denver, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Gillpatrick</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Branson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Cecil Gillpatrick</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>500-07-4330</b>		17. INFORMANT <b>Gerald D. Gillpatrick</b>		Address <b>St. Joseph, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Natural Causes - Unattended Death</b> DUE TO (b) <b>Investigated by City Health Dept.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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		
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 <b>viewed Oct. 3, 1960</b> to _____, to _____ and last saw her/him alive on _____. Death occurred at <b>6:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Robert W. Kieber, M.D. (e.h.o.)</b>				22b. ADDRESS <b>St. Joseph, Mo</b>		22c. DATE SIGNED <b>10-5-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 5, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Belmont Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b>		
24. FUNERAL DIRECTOR <b>Memorifer Funeral Home, St. Joseph, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Oct. 6, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>		

DOCUMENT

R. W. Kieber, M.D. 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 Paul J. Chering

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.