

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012921

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 167 STATE FILE NUMBER

FILED APR 24 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Whitewater</u>		Length of stay in lb <u>20 yrs</u>		c. CITY OR TOWN <u>Whitewater R</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gordonville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Whitewater</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
<u>Bertha Gilder</u>				<u>April 16 1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-29-1894</u>	9. AGE (last birthday) <u>66</u>	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) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Gordonville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Dierbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Gora</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert Gilder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Carl Gilder Whitewater R</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Severe Brain Concussion</u>							<u>Immediate</u>
DUE TO (b) <u>Compound Fracture of Right Knee</u>							
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car hit a concrete culvert on side of road. It</u>					
20c. TIME OF INJURY Hour <u>4:40</u> p.m. Month, Day, Year <u>4-16-61</u>	went out of control						
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.) <u>4.9 mi. W. of Rt. #25</u>	20f. CITY, TOWN, OR LOCATION <u>W. Gordonville</u>	COUNTY <u>Cape Gir.</u>	STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____							
Death occurred at <u>4:40 P.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. J. Ford Coroner</u>				22b. ADDRESS <u>Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>4-20-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-19-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bion Methodist Church</u>		23d. LOCATION (City, town, or county) (State) <u>Gordonville, R Mo.</u>			
24. FUNERAL DIRECTOR <u>H. C. Cravcraft, Jackson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-61</u>		26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. C. Crawford

Licensed Embalmer No. 4-327  
P. O. Address Jackson, Mo

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.