SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012922
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 166

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Whitewater — Length of stay in Hospital: 20 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gordonville — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cape Gir.
c. CITY OR TOWN: Whitewater R — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Whitewater — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Herbert Middle: Last: Gilder
4. DATE OF DEATH: Month: April Day: 16 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-18-1900
9. AGE (last birthday): 60 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): Allenville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Daniel Gilder
13b. MOTHER'S MAIDEN NAME: Maggie Franklin
14. NAME OF HUSBAND OR WIFE: Bertha Gilder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Earl Gilder Address: Whitewater R

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Left Side of Chest Crushed — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Lacerations of Scalp
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Car hit a Concrete Culvert on side of Road. It went out of Control
20c. TIME OF INJURY: Hour 4:40 p.m. Month, Day, Year: 4-16-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4 Mi. W. of Rt 25
20f. CITY, TOWN, OR LOCATION: W. Gordonville COUNTY: Cape Gir. STATE: Mo.

21. I attended the deceased from —, to —, and last saw her/him alive on —
Death occurred at 4:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. J. Ford Coroner
22b. ADDRESS: Cape Girardeau, Mo.
22c. DATE SIGNED: 4-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-19-1961
23c. NAME OF CEMETERY OR CREMATORY: Zion Methodist Church
23d. LOCATION (City, town, or county) (State): Gordonville Mo.

24. FUNERAL DIRECTOR: S. C. Crocraft ADDRESS: Jackson Mo
25. DATE RECD. BY LOCAL REG.: 4-21-61
26. REGISTRAR'S SIGNATURE: Irma Karsten

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 G C Cunnaft

Licensed Embalmer No. 4327

P. O. Address Jackson, M

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.