ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-021810
STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 50

FILED JUN 27 1961

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton
Length of stay in 1b 25 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 S. 5th St.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 316 S. 5th St.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Ruby Middle Jane Last Gilbert
4. DATE OF DEATH Month June Day 21 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 12-3-88
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months 6 Days 18 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) La Grange, Mo.
12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Thomas Collins Freeman
13b. MOTHER'S MAIDEN NAME Martha Bristow
14. NAME OF HUSBAND OR WIFE Arthur Gilbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No
(If yes, give war or dates of service)
17. INFORMANT Paul B. Freeman Address Canton, 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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic Heart disease
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/16/60, to 6/19/61 and last saw her alive on 6/19/61
Death occurred at about 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Schlumbom M.D. (Degree or title)
22b. ADDRESS 437 Clark; Canton, Mo.
22c. DATE SIGNED 6/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-23-61
23c. NAME OF CEMETERY OR CREMATORY Medway Cemetery
23d. LOCATION (City, town, or county) Lewis County (State) Canton, Mo.
24. FUNERAL DIRECTOR Barkley Funeral Home ADDRESS Canton, Mo.
25. DATE RECD. BY LOCAL REG. 6-22-61
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

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_____ Signed Claude E. Martin

Signature of Student Embalmer

Licensed Embalmer No. 4515

P. O. Address Canton,

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.