

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 165-027584 FILE NUMBER

FILED AUG 16 1965

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		Length of stay in 1b <u>4 HOURS</u>	c. CITY OR TOWN <u>RURAL CLINTON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Wetzel Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2, CLINTON</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>GRACE</u> Last <u>Gilbert</u>			4. DATE OF DEATH Month <u>August</u> Day <u>5</u> Year <u>1965</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 21, 1899</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry ATTENDANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and state or country) <u>Mesa Arizona</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Evans</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>488-48-2540</u>	17. INFORMANT Address <u>Fred Gilbert Route 2, CLINTON</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary carcinoma</u> DUE TO (b) <u>acute chronic hemorrhage</u> DUE TO (c) <u>head trauma</u> Conditions, if any, which gave rise to above cause (a) <u>subarachnoid</u> signaling the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>4 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) <u>urinal pelvis, multiple fx ribs & spine</u>			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.)		
20c. TIME OF INJURY Hour <u>8</u> Month, Day, Year <u>5-1965</u> e.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION <u>CLINTON</u>		COUNTY <u>HENRY</u> STATE <u>MO</u>
21. I attended the deceased from <u>8/5/65</u> to <u>8/5/65</u> and last saw ^{her} / _{him} alive on <u>8/5/65</u> Death occurred at <u>2:15 pm</u> <u>8/5/65</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas C. Clouse Do</u>			22b. ADDRESS <u>105 E. Ohio Clinton Mo</u>		22c. DATE SIGNED <u>8/7/65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>August 9, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARKS CHAPEL</u>	23d. LOCATION (City, town, or county) (State) <u>7 Highway - Henry Co. MO</u>		
24. FUNERAL DIRECTOR <u>Schaberg-Nichols</u>		ADDRESS <u>CLINTON, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 9, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

Dr. Clouse

AUG 20 1965

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. 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.