

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-032725

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 7 1965

Registration District No. 337

Primary Registration District No. 3098

Registrar's No. 203

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marvville</u>		c. CITY OR TOWN <u>Atchison, R.R.#4</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.W. State College Campus</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route #4</u>	
3. NAME OF DECEASED (Type or print) First <u>Alvin</u> Middle <u>Samuel</u> Last <u>Gilkison</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>29</u> Year <u>1965</u>	
5. SEX <u>Male</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>5-16-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintainence</u>		11. BIRTHPLACE (City and state or country) <u>Kansas, Monrovia</u>	
13a. FATHER'S NAME <u>Samuel S. Gilkison</u>		14. NAME OF HUSBAND OR WIFE <u>Berniece Gilkison</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>-</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>Acute Coronary occlusion</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>History of prev. infarction (myocardial) back in</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Just</u> <u>?</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>external</u>	
20c. TIME OF INJURY Hour <u>8:20</u> a.m. <u>1:15</u> p.m. Month, Day, Year <u>8-29-65</u>		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>Brought to Hosp. to apparently</u>		20f. CITY, TOWN, OR LOCATION <u>Marvville Mo</u>	
20g. I attended the deceased from death occurred at <u>Marvville Mo</u>		20h. I attended the deceased from death occurred at <u>Marvville Mo</u>	
22a. SIGNATURE <u>ER King MD</u>		22b. ADDRESS <u>Marvville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-29-1965</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Atchison, Kansas</u>	
24. FUNERAL DIRECTOR <u>Atchison Maryville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8 31 65</u>	
26. REGISTRAR'S SIGNATURE <u>Beas Wolf</u>		27. DATE SIGNED <u>8/31/65</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 9 1965

SEP 17 1965

OCT 15 1965
OCT 26 1965

APR 4 1966

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. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Marionville 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.