

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3711BIRTH NO. 200 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston Rt #2</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs 45 M</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>R</u> c. (Last) <u>Gist</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 11, 1887</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR: Days <u>1</u> Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Russelville, Alabama</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Francis Gist</u>		13b. MOTHER'S MAIDEN NAME <u>Sharidy Linville</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Gist</u>	
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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'S SIGNATURE OR NAME <u>Leo Gist</u> ADDRESS <u>Rt 2 - Sikeston Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Embolus</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Diabetes Mellitus</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan. 17, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 2:59 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. D. Winters, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>Jan 17 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parish Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan, 28 - 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. F. Henry</u> <u>303</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alton</u> ADDRESS <u>Sikeston</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Office No.

District File Number 149-1

Case Filed 1-31-4

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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.

Signed John Allenton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Disfruto

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 this body is not embalmed, fact should be so stated above.