

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19234

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 542-C

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural No. Campbell Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 4</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u>		b. (Middle) <u>WESLEY</u>	
		c. (Last) <u>GILBERT</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 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>19 April 1894</u>
9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packinghouseman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spfd., Mo. Gro. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lafayette Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Martha S. Pursley</u>	
		14. NAME OF HUSBAND OR WIFE <u>Marie Gilbert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Gilbert, Rt. 4, Springfield, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chc. Myocardial Infa</u> DUE TO (c) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-30</u> , 19 <u>49</u> , to <u>June 17, 1949</u> , that I last saw the deceased alive on <u>June 15, 1949</u> , and that death occurred at <u>6:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Max J. Hitt</u>		23b. ADDRESS <u>Springfield Mo</u>	
		23c. DATE SIGNED <u>6-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>M. J. Hitt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Thome Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7 1949

FEB 11 1950

AUG 7 1949

AUG 30 1951

610 3702

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 Ralph H. Threine

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.