S. No. 300
v. 10-48

742
1

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27675

BIRTH NO. 6 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 049

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN Maryville (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville (If outside corporate limits, write RURAL and give township) 0742
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Isaphena b. (Middle) c. (Last) Gilbert
4. DATE OF DEATH (Month) (Day) (Year) 7-13-1950
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 3-27-1875
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Dryden-Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE John R. Gilbert-d.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hattie Argo-Maryville-Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 Month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

DUE TO (c) + arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* + senility — 260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 19 50, *to* 7-13, 19 50, *that I last saw the deceased alive on* 7-10, 19 50, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE T. C. Bauman (Degree or title) M.D.
23b. ADDRESS 131 N. Main Maryville Mo.
23c. DATE SIGNED 7/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-15-1950
24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery
24d. LOCATION (City, town, or county) (State) Fillmore Mo.

DATE REC'D BY LOCAL REG. 7-22-50
REGISTRAR'S SIGNATURE Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE G. M. Atchison ADDRESS Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 24 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 _____
Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.