

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37037

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4874

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) 6 mo.
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1109 Brooklyn

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Mo.
 b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 1109 Brooklyn

3. NAME OF DECEASED
 a. (First) Fannie
 b. (Middle) Frances
 c. (Last) Gilbreath
 4. DATE OF DEATH (Month) (Day) (Year) 11 17 1950

5. SEX Fe M
 6. COLOR OR RACE Colored
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.
 8. DATE OF BIRTH Dec. 6, 1890
 9. AGE (In years last birthday) 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Greenville South Carolina
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jessie Gaylord
 13b. MOTHER'S MAIDEN NAME Annie Smith
 14. NAME OF HUSBAND OR WIFE Austin Gilbreath, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) no
 16. SOCIAL SECURITY NO. none
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Gilbreath 1109 Brooklyn

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor, Pneumonia
 ANTECEDENT CAUSES (b) (Right Side)
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 19. INTERVAL BETWEEN ONSET AND DEATH 4-5 days
 490X

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION none
 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)
 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 Nov 15, 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Tillman (Degree of title) M.D.
 23b. ADDRESS 1618 Lydia K.C. Mo.
 23c. DATE SIGNED 11/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE Nov. 21, 1950
 24c. NAME OF CEMETERY OR CREMATORY Highland Cem.
 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 11-20-50
 REGISTRAR'S SIGNATURE Geraldine Holmer
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bros. Funeral Home K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3008
1

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *C. Kenneth Kerford*
Licensed Embalmer No. *4437*

P. O. Address.....

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.