

FILED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33576
4402

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 14 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital		d. STREET ADDRESS (If rural, give location) 1215 Garfield 375	

3. NAME OF DECEASED (Type or Print) a. (First) Genora	b. (Middle)	c. (Last) Gilbert	4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1951
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1923 August 30 1923 28	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator Laundry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) McGEE Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Drew	13b. MOTHER'S MAIDEN NAME Amanda Martin	14. NAME OF HUSBAND OR WIFE Albert Gilbert H.C.M.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 447-26-1637	17. INFORMANT'S SIGNATURE OR NAME Albert Gilbert	ADDRESS 1215 Garfield
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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		INTERVAL BETWEEN ONSET AND DEATH 4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (M.M.O.)		
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 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)	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 **10-11-1951**, to **10-19-1951**, that I last saw the deceased alive on **10-13-1951**, and that death occurred at **8: A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter L. Dixon (Degree or title)	23b. ADDRESS Waverly R. Dixon, M.D. 2204 1/2 E 18th	23c. DATE SIGNED 10-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct-16-1951	24c. NAME OF CEMETERY OR CREMATORY McGEE, Ark.	24d. LOCATION (City, town, or county) (State) Arkansas
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DATE REC'D BY LOCAL REG 10-16-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Walter Appleton	ADDRESS Genoa N.C.M.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Signed

C. H. Trust

Student Embalmer No.....

Licensed Embalmer No. *2710*

P. O. Address. *Kansas City 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.