

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38237

FILED DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 5889 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Granby</u>		c. CITY OR TOWN <u>Granby</u> 1930	
c. LENGTH OF STAY (In this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rural Route # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>J.</u> c. (Last) <u>Gilbreath</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1951</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 20 - 1869</u>	9. AGE (In years last birthday) <u>82</u> 0 <u>28</u>	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------	---------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Granby, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If so, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lester Gilbreath</u> ADDRESS <u>Pittsburg, Mo.</u>
---	-------------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Over a yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio renal hypertensive disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left humerus.</u>		<u>15 days.</u>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Granby rural.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton Mo.</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 3 1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home.</u>
--	---	---

22. I hereby certify that I attended the deceased from Nov. 5, 1951, to Nov. 18, 1951, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clark O. Chester, D.O.</u> (Degree or title)	23b. ADDRESS <u>Granby, Mo.</u>	23c. DATE SIGNED <u>Nov. 20, 1951</u>
--	---------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. - Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov. 26</u>	REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Bigham</u> ADDRESS <u>Mont. Neesho Mo.</u>
---	---	--

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

730
1

RECEIVED

District Health Officer No. _____

District File Number 1251-374

Date Filed December 3-1951

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

DEC 10 1951

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 _____

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson
Student Embalmer

Signed H. D. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.