

STANDARD CERTIFICATE OF DEATH

State File No. **9982**  
Registrar's No. **2911**

FILED APR 12 1952

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1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksville</b>		<b>0820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>MISSOURI ROAD</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MILDA</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>GILBERT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 26 - 52</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>3/19/1889</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 Hrs. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (State or foreign country) <b>Clarksville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Thomas Jefferson Estes</b>			13b. MOTHER'S MAIDEN NAME <b>Mabalie Lee Thompson</b>			14. NAME OF HUSBAND OR WIFE <b>Charlie Bell Gilbert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-09-8032</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charlie Gilbert, Clarksville, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Mesothelioma of Small Intestine with</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Small Intestine with</b> DUE TO (c) <b>Generalized Abdominal Metastases</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
19a. DATE OF OPERATION <b>5/25/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Malignant Mesothelioma of Small Intestine</b>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>152X</b>			
22. I hereby certify that I attended the deceased from <b>3/21</b> , 19 <b>52</b> , to <b>3/26</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/26</b> , 19 <b>52</b> , and that death occurred at <b>4:20 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. Jones</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>3/27/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/27/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clarksville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clarksville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 28 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alexander &amp; Sons, 6175 Delmar</b>			

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

Dr Jarstad

APR 25 1937

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

*Geo. E. McCulloch*

Licensed Embalmer No. 2468

P. O. Address 6155 Pelma

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.