

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 1628

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) Parma	
c. LENGTH OF STAY (In this place) 17 Hours		d. STREET ADDRESS (If rural, give location) Box 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) Henry	c. (Last) Gilbert	4. DATE OF DEATH (Month) (Day) (Year) June 16 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-18-1897	9. AGE (In years) (Month) (Day) (Hour) (Mins.) 55 2 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor (D.O.)	10b. KIND OF BUSINESS OR INDUSTRY Osteo PATH	11. BIRTHPLACE (State or foreign country) Oakley Kansas	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Sloan Gilbert	13b. MOTHER'S MAIDEN NAME Mary Rodgers	14. NAME OF HUSBAND OR WIFE Anna Elizabeth Gilbert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. # 1	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard A. Cutting	ADDRESS Lenora Kansas
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours several years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 March 1952, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE Daniel P. Nelson M.D.	(Degree or title)	23b. ADDRESS 607 N. Grand Ave	23c. DATE SIGNED 6-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-18-52	24c. NAME OF CEMETERY OR CREMATORY Lenora South Cemetery	24d. LOCATION (City, town, or county) (State) Lenora-Norton Co., Kansas
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DATE REC'D BY LOCAL REG. 6-17-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

LEWIS

LEWIS

SEP 18 1952

SEP 17 1952

OCT 17 1952

AUG 11 1952

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 *William H. Pfitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 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.