

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24854

State File No.

12 AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 120

0472

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>70yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 N. Cronogo St.</u>			d. STREET ADDRESS (If rural, give location) <u>115 North Cronogo St.</u>											
3. NAME OF DECEASED (Type or Print) <u>GERTRUDE</u>		a. (First)	b. (Middle)	c. (Last) <u>GILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1952</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>Dec. 30, 1881</u>	9. AGE (In years last birthday) <u>70</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td><u>6</u></td> <td><u>21</u></td> <td></td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR	Months	Days	Hours	<u>6</u>	<u>21</u>	
# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR												
Months	Days	Hours												
<u>6</u>	<u>21</u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>no data</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>George B. Lowry</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wm F. Gill (deceased)</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm F. Gill Kansas City, Missouri</u>												
18. CAUSE OF DEATH														
Enter only one cause per line for (a), (b), and (c)														
MEDICAL CERTIFICATION														
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive cardio-vascular disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Over 1 yr.</u>									
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.														
ANTECEDENT CAUSES														
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____									
DUE TO (c) _____					Over 2 yrs.									
II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u>														
Conditions contributing to the death but not related to the disease or condition causing death. <u>Urethral strictures</u> <u>443x</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)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from <u>July 6, 1951</u> , to <u>1-9, 1952</u> that I last saw the deceased alive on <u>1-9, 1952</u> , and that death occurred at <u>unknown</u> from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Edward B. Biederwieser M.D.</u>			23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		23c. DATE SIGNED <u>7-29-52</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>											
DATE REC'D BY LOCAL REG. <u>7-29-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline B. Sirtgen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Mo.</u>											

RECEIVED 8-4-52
Jasper County Health Office

County File Number 5217/600

Date Filed 8-4-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. HSC 1

P. O. Address Will 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.