

SEP 29 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32047

State File No. _____
 Registrar's No. 176

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. _____		Registrar's No. 176	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lawrence					
b. CITY OR TOWN Carthage			c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN La Russell			1550	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune - Brooks				d. STREET ADDRESS P.F.D. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) Pearl		c. (Last) Gilhock		4. DATE OF DEATH (Month) (Day) (Year) 9-10-1952		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2		8. DATE OF BIRTH 3-31-1884		9. AGE (In years last birthday) 68	
								10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper	
								11. BIRTHPLACE (State or foreign country) Lawrence Co. U	
								12. CITIZEN OF WHAT COUNTRY? Native	
13a. FATHER'S NAME George W. Sparks			13b. MOTHER'S MAIDEN NAME Elizabeth Humbert			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Gilhock La Russell Mo.					
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.									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus, Cerebral								INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Cardio DUE TO (c) Vascular disease								5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION none			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		443 X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 Dec 3, 1951, to Sept 10, 1952 that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE George H. Wood M.D. (Degree or title)				23b. ADDRESS Carthage Mo			23c. DATE SIGNED Sept 17 '52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-14-1952		24c. NAME OF CEMETERY OR CREMATORY Park Springs		24d. LOCATION (City, town, or county) (State) N.E. of Sarcosie Mo.			
DATE REC'D BY LOCAL REG. 9-18-52		REGISTRAR'S SIGNATURE LB Clinton, M.D. 139			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morris Keiman Milburn Mo.				

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

RECEIVED 9-26-52
Jasper County Health Office

County File Number 52/9/744
Date Filed 9-26-52

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 *L. R. Seiman*

Licensed Embalmer No. 3297

P. O. Address *Miller 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.