

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **50**

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5004** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural NOVINGER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger R. F. D. #1 3010	
c. LENGTH OF STAY (In this place) 32 yrs		d. STREET ADDRESS (If rural, give location) R. F. D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) F c. (Last) Gilkison			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1875		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine		11. BIRTHPLACE (City and State or Foreign Country) Mendota, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME John Gilkison		13b. MOTHER'S MAIDEN NAME Rebecca Shockinsee		14. NAME OF HUSBAND OR WIFE Mary Stella Christy	
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 John Gilkison, Kirksville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza			INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 480x			
		DUE TO (c) Bronchial Pneumonia			
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			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) (Min)		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 **Feb. 1, 1953**, to **Feb. 5, 1953**, that I last saw the deceased alive on **Feb. 5, 1953**, and that death occurred at **0:10A** m., from the causes and on the date stated above.

23a. SIGNATURE W.E. Munn, M.D. (Degree or title)		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 2/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/53		24c. NAME OF CEMETERY OR CREMATORY Lutz	
24d. LOCATION (City, town, or county) (State) Adair Co., Mo.					

DATE REC'D BY LOCAL REG. 2-7-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley Kirksville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Fiskeville, 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.