

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44944**

FILED JAN 7 1954

BIRTH NO. REG. DIST. NO. 36V PRIMARY REG. DIST. NO. 453L Registrar's No. 64

1090
 X

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown, Prairie Imp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>			d. STREET ADDRESS (If rural, give location) <u>4 mi N.W</u> 0200 1		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Gilbert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>9-17-89</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George A Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Emma</u>	14. NAME OF HUSBAND OR WIFE <u>Zilpha Whiteside</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Gilbert</u>		ADDRESS <u>Middletown Mo.</u>
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right mandible - E</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</u> DUE TO (c) <u>metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>(unknown)</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) <u>196X</u>		
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>Nov 3, 1952</u> , to <u>Dec 6, 1952</u> , that I last saw the deceased alive on <u>Dec 4, 1952</u> , and that death occurred at <u>Warrenton, Mo.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Donald D. Shelton M.D.</u>		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>12-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tamworth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-6-53</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u> <u>421</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Kitching</u> ADDRESS <u>Middletown Mo</u>		

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Berkeley Green, 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.