No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5426

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bevier Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bevier Rural
d. STREET ADDRESS (If rural, give location): 0610 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): —
c. (Last): Gilstrap

4. DATE OF DEATH (Month) (Day) (Year): 2 - 1 - 54

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6 - 3 - 74
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bevier Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James M. Gilstrap
13b. MOTHER'S MAIDEN NAME: Phoney J. Tanford
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Hugh Gilstrap
ADDRESS: Bevier 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND 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)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-5, 1953 *to* 1-25, 1954, *that I last saw the deceased alive on* 1-25, 1954, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Campbell, MD
23b. ADDRESS: Macon, Mo.
23c. DATE SIGNED: 2/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-54
24c. NAME OF CEMETERY OR CREMATORY: East Oakwood Cem.
24d. LOCATION (City, town, or county) (State): Bevier Mo.

DATE REC'D BY LOCAL REG.: 2/15/54
REGISTRAR'S SIGNATURE: Ruth M Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Edwards
ADDRESS: Bevier Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-23-54
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-54-13
State Filed 2-24-54

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.