

FILED JUL 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24147

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Hudson Township 0070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eliett Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Gilbreath</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July - 12 - 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 27-1884</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>6</u>		11. DAYS <u>15</u>		12. HOURS <u></u> MIN. <u></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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Port Clinton, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Schott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Bauch</u>		14. NAME OF HUSBAND OR WIFE <u>Edward William Gilbreath</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roberta Garey, Independence, Mo.</u> ADDRESS <u>Independence, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Melanoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs</u>	
		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.					
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>190 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>March</u> , 19 <u>54</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>54</u> , and that death occurred at <u>2:15 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. D. Slickman M.D.</u>				23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>July 13 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Chas. Abney</u> <u>285</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Koussem</u>		ADDRESS <u>Appleton City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Melvin L. Janssens*.....

Licensed Embalmer No. *4589*

P. O. Address *Appleton City*

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.