

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5035 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Conway R. Union T S</u>		c. LENGTH OF STAY (in this place) <u>life</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. CITY OR TOWN <u>Conway</u>		STREET ADDRESS (If rural, give location) <u>Near Conway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Rural</u>		<u>0 4 30</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Virgil</u>	b. (Middle) <u>Edgar</u>	c. (Last) <u>Gilpin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1908</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edgar Gilpin</u>	13b. MOTHER'S MAIDEN NAME <u>Avy Ellen Dawson</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Gilpin</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Gilpin Conway, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several hours</u>
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) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES		
	Morbidity 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 <u>NO OP</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 7/16, 1954, to 11/28, 1954, that I last saw the deceased alive on 11/28, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Jones M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lebanon, Mo</u>	23c. DATE SIGNED <u>11/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-5-1954</u>	REGISTRAR'S SIGNATURE <u>Wella L. Day</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u>	ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Received 12-11-54
Laclede County Health Unit
File No. 204
Date Filed 12-11-54

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.....
Signature of Student Embalmer

Signed Dorsey M. Howe
Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.