No. 300
10.48

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

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40498

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5367 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Monroe Township
c. LENGTH OF STAY (In this place): Instant
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles South Gallatin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 4½ Mi. N.E. Hamilton, Mo.

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3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Earl
c. (Last): Gilchrist

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Feby. 12 1926
9. AGE (In years last birthday): 28 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor
11. BIRTHPLACE (City and State or Foreign Country): Page County Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Earl Gilchrist
13b. MOTHER'S MAIDEN NAME: Olive M. Powell
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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Earl Gilchrist, Hamilton, Missouri

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) Fractured Skull, Multiple bone Fractures — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head on Automobile Collision
DUE TO (c)

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

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Monroe Township Daviess 031 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-30-1954 4P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head on Automobile Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* At Death, 19 54 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. A. Clements Jr. Dept Coroner
23b. ADDRESS: Gallatin, Missouri
23c. DATE SIGNED: 12-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-1955
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
24d. LOCATION (City, town, or county) (State): Hamilton, Missouri

DATE REC'D BY LOCAL REG.: 1-3-55
REGISTRAR'S SIGNATURE: Virginia M. Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE: L. A. Richardson
ADDRESS: Hope Funeral Home Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 33

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.