

STANDARD CERTIFICATE OF DEATH

14925

State File No.

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

5201

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ELDORADO SPRGS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ELDORADO SPRGS</u>		d. STREET ADDRESS (If rural, give location) <u>S PARK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>S PARK</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>A.</u> c. (Last) <u>GILPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-55</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAY 7 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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>CAPLINGER MILLS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAM GILPIN</u>			13b. MOTHER'S MAIDEN NAME <u>AMY SHAW</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>522-16-5977</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELKIBACH S PARK ST CITY</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>arteriosclerosis</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>5 days</u> <u>1 yr +</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)			
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?			
22. I hereby certify that I attended the deceased from <u>May 27, 1955</u> , to <u>May 31, 1955</u> , that I last saw the deceased alive on <u>May 31, 1955</u> , and that death occurred at <u>9 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Sunderwirth D.O.</u>				23b. ADDRESS <u>El Dorado Spgs. Mo</u>		23c. DATE SIGNED <u>6-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLINTON HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>CEAR MO</u>		
DATE REC'D BY LOCAL REG. <u>6-1-55</u>		REGISTRAR'S SIGNATURE <u>George A. Maffey</u> 4180		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maffey Funeral Home 2 LDORADO SPRGS 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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Prado Springs

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.