

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED AUG 29 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>	c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon Mo.</u> <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>GILKEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 55</u>		
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>Feb. 20 1887</u> 9. AGE (In years last birthday) <u>68</u> 10. UNDER 1 YEAR Months <u>0</u> 11. UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter-Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Local Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Edwin Gilkey</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie A. Orr</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Gilkey</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. <u>486-24-5820</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lizzie Gilkey Sheldon Mo.</u> ADDRESS
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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>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>diabetes</u> DUE TO (c) _____ 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>Sudden</u> <u>3 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>200X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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? <u>slipped</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I did saw the deceased alive on _____, 19____, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Thurman Crooner</u> (Degree or title)	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>8-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 23 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Bruce Deery</u> ADDRESS <u>Sheldon Mo</u>
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(Licensed Embalmer's Statement on Reversed Side)

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

080
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SEP 27 1955

VS NOV 3 1960

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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Shelton 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 this body is not embalmed, fact should be so stated above.