FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43543 5230

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. ~~5230~~ Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Raymore Twp
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raymore Twp Rural
d. STREET ADDRESS (If rural, give location): 2 mi E Belton

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Thomas
c. (Last): Gilby

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-1910
9. AGE (In years last birthday): 44 — 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 Pipe Line Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Polo Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John T Gilby
13b. MOTHER'S MAIDEN NAME: Elsie Fairbanks
14. NAME OF HUSBAND OR WIFE: Thaisa Gilby

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.: 494-14-0530
17. INFORMANT'S SIGNATURE OR NAME: Mrs H.T. Gilby
ADDRESS: Belton Mo

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) Brain Trauma — 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) Shot gun wound Suicidal

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: 976x
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Raymore Twp (COUNTY): Cass (STATE): Mo

21d. TIME OF INJURY (Month) 3 (Day) 7 (Year) 55 (Hour) 6 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

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

23a. SIGNATURE (Degree or title): Grand Jaude (Coroner)
23b. ADDRESS: Pleasant Hill Mo.
23c. DATE SIGNED: 3-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-55
24c. NAME OF CEMETERY OR CREMATORY: Belton Cem
24d. LOCATION (City, town, or county): Belton (State): Mo

DATE REC'D BY LOCAL REG.: 3-9-55
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: E.K. George & Sons — Belton Mo
ADDRESS:
(Licensed Embalmer's Statement on Reverse Side) by R.E. George

MAY 1 1956

OCT 9 1956

APR 30 1956

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.