

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9104

1058

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1058			
1. PLACE OF DEATH a. COUNTY Jackson 50 yrs.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center				e. STREET ADDRESS (If rural, give location) 5123 TROOST 31 st					
3. NAME OF DECEASED (Type or Print) a. (First) MILTON Harold			b. (Middle)			c. (Last) GILBERT			
4. DATE OF DEATH (Month) (Day) (Year) 3 8 56		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 1-19-01		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Diamonds			10b. KIND OF BUSINESS OR INDUSTRY Jewelry			11. BIRTHPLACE (City, and State or Foreign Country) Rockford, Ill.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Human Gilbert		13b. MOTHER'S MAIDEN NAME Rebecca Stone		14. NAME OF HUSBAND OR WIFE Mildred		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 443-01-0656		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Gilbert 5123 Troost Home					
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Mucous Membrane DUE TO (c) Gastric ulcer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis				INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 weeks 5400 20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify), SUICIDE, HOMICIDE		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) m.		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 2-27, 1956, to 3-8, 1956, that I last saw the deceased <input checked="" type="checkbox"/> alive on 3-8, 1956, and that death occurred at 6:10 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Paul Moss			(Degree or title) M.D.			23b. ADDRESS 406 Bryant Bldg.			
23c. DATE SIGNED 3/9/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-56		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge			
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home		ADDRESS KC, Mo.					
DATE REC'D BY LOCAL REG. 3-10-56		REGISTRAR'S SIGNATURE neva minshall							

(Licensed Embalmer's Statement on Reverse Side)

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

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... *Henry Buffington*

Licensed Embalmer No. *27*

P. O. Address *N.C. M.*

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