

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16367

1812

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>+ years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Hyde Park Hotel 36 th. & Broadway</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) _____		c. (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>12-22-1883</u>		9. AGE (In years last birthday) <u>72</u>	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) <u>Never employed</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Robert Gilbert Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Tryman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. McBride</u>				ADDRESS <u>9th and Walnut</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u>					
				DUE TO (c) <u>Nephrosis</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>				<u>33 1/2</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) _____ 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 <u>April 2, 1956</u> , to <u>April 24, 1956</u> , that I last saw the deceased alive on <u>April 21, 1956</u> , and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul C. Platt</u> (Degree or title) _____				23b. ADDRESS <u>612 Professor Blk K.C. Mo 7/28/56</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/25/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Macomb Illinois</u>				
DATE REC'D BY LOCAL REG. <u>4-26-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine & McClure Undertaking Co K.C. Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul L. Platt
Prof. [unclear]

No. 2-0750
will be in office about 10 A.M.,
tell about 1 P.M.

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 *J. S. Walton*.....

Licensed Embalmer No. *274*.....

P. O. Address *Ken*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.