

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20503

State File No. \_\_\_\_\_

FILED JUN 25 1956

Registrar's No. 2330

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
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) **33 yrs.**  
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION - **General Hospital #2**  
e. STREET ADDRESS (If rural, give location) **2820 Bell Street** 3430

3. NAME OF DECEASED a. (First) **William** b. (Middle) \_\_\_\_\_ c. (Last) **Gilbert**  
4. DATE OF DEATH (Month) (Day) (Year) **5 24 1956**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **Aug. 23, 1881** 9. AGE (In years last birthday) **74 7/8 yrs.** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home**  
10b. KIND OF BUSINESS OR INDUSTRY **None**  
11. BIRTHPLACE (City and State or Foreign Country) **Tennessee**  
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Bob Gilbert** 13b. MOTHER'S MAIDEN NAME **Missouri Mays** 14. NAME OF HUSBAND OR WIFE **Estella Gilbert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Estella Gilbert** ADDRESS **2820 Bell St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral vascular accident.** INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 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 **5-22-56**, 19\_\_\_\_, to **5-24-56**, 19\_\_\_\_, that I last saw the deceased alive on **5-24-56**, 19\_\_\_\_, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W.R. Peterson MD** 23b. ADDRESS **600 E. 22nd St.** 23c. DATE SIGNED **5-28-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/28/56** 24c. NAME OF CEMETERY OR CREMATORY **Westlawn Cemetery** 24d. LOCATION (City, town, or county) (State) **Kans. City, Missouri**

DATE REC'D BY LOCAL REG. **5-28-56** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Wattles Bros.** ADDRESS **404 1/2 Brent**

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

nominal                      into it                      nominal  
x                      yd'f' an' d'                      yd'f' an' d'  
5.                      6.                      7.                      8.                      9.                      10.

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 *Bruce R. Whitten*.....

Licensed Embalmer No. *450*

P. O. Address *18th & R*

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.