FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

316.90

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6960 Registrar's No. 76

Health, Welfare Public Service

300 1-56

1. PLACE OF DEATH
a. COUNTY PLATTE COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GREEN TWP — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 MILES S. DEARBORN — Length of stay in Ib ABOUT 50 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY COUNTY
c. CITY OR TOWN RURAL GREEN TWP — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 2 MILES S. DEARBORN — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: LILLIAN Middle: TEMPLE Last: GABBERT

4. DATE OF DEATH Month, Day, Year: SEPT 23 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: FEB 2, 1887
9. AGE (In years last birthday): 69
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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): PLATTE COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS WILSON
14. MOTHER'S MAIDEN NAME: MELISSIA KIMSEY

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.
17. INFORMANT: ERMIE GABBERT Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from — to — and last saw her/him alive on —
Death occurred at 10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roland M. Griffee Coroner
22b. ADDRESS Platte City, Mo.
22c. DATE SIGNED 9-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 26, 1956
23c. NAME OF CEMETERY OR CREMATORY: PLEASANT RIDGE CEMETERY
23d. LOCATION (City, town, or county) (State): PLATTE COUNTY MO.

24. FUNERAL DIRECTOR: Rollins & McTavell
ADDRESS: PLATTE CITY, MO.
25. DATE RECD. BY LOCAL REG.: Sept 24. 56
26. REGISTRAR'S SIGNATURE: Ophia Rollins

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(License Embalmer's Statement on Reverse Side)

OCT 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Goffe

Licensed Embalmer No. 472

P. O. Address Platte City

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