

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38886**

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5842** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Racine		c. CITY OR TOWN Racine	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs.		e. STREET ADDRESS (If rural, give location) 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Maynard b. (Middle) Lee c. (Last) Gilstrap			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 56		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	
8. DATE OF BIRTH Jan. 13, 1890		9. AGE (In years last birthday) 66		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) Miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Racine, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Gilstrap		13b. MOTHER'S MAIDEN NAME Parthenia Hansford		14. NAME OF HUSBAND OR WIFE Eva	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY (If yes, give war or dates of service) 495-07-1309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Gilstrap, Racine, Mo.	
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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) Silico Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
		ANTECEDENT CAUSES Morbidity 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. arthritis Deformans			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 **4-2-1951** to **11-11-1956** that I last saw the deceased alive on **11-11-1956** and that death occurred at **8:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin McCallough		23b. ADDRESS 7420 W. Sherman Neosho Mo		23c. DATE SIGNED 11-19-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/14/56		24c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery		24d. LOCATION (City, town, or county) (State) Racine Missouri	
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DATE REC'D BY LOCAL REG. 11-20-56		REGISTRAR'S SIGNATURE Mrs. Irene Russell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W E Ballew Seneca Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. *Newton*

District File Number *1156-196*

Date Filed *NOV 26 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.....
Signature of Student Embalmer

Signed *W G Biddle*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.