

FILED APR 2 - 1957
HamptonTHE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11835

| | | | | | | | |
|---|--------------------|---|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 355 | | PRIMARY REG. DIST. NO. 6203 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Texas | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartshorn | | c. LENGTH OF STAY (in this place) 6 yrs | | c. CITY OR TOWN Hartshorn | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Crafter c. (Last) Gillett | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1957 | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH Aug. 5-1888 | | 9. AGE (In years last birthday) 68 | 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) Construction | | 10b. KIND OF BUSINESS OR INDUSTRY & Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Miller, Nebraska | | 12. CITIZEN OF WHAT COUNTRY? U S | |
| 13a. FATHER'S NAME Elden Gillett | | 13b. MOTHER'S MAIDEN NAME Mrs. M. J. Dougherty M. J. Dougherty | | 14. NAME OF HUSBAND OR WIFE Hester Riley Gillett | | | |
| 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. 530-07-4372 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hester Gillett Hartshorn, Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Vascular Heart Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 332X | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 _____, 1954, to Feb. 23, 1957, that I last saw the deceased alive on Feb. 23, 1957, and that death occurred at 10:30 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. Lawrence Hampton Do | | | | 23b. ADDRESS Sunnysville Mo | | 23c. DATE SIGNED 3-25-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | | 24b. DATE Feb. 25-57 | 24c. NAME OF CEMETERY OR CREMATORY Broken Bow Nebraska | | 24d. LOCATION (City, town, or county) (State) Anselma, Nebraska | | |
| DATE REC'D BY LOCAL REG. Mar 27 | | REGISTRAR'S SIGNATURE Anna Roberts | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncew Funeral Home 1 Mtn View Mo | | | |

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

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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 *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Mt. View*

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.