

Health, Welfare, Public Service, 1957, 1000, -57, 1970, 18, 0, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, MEDICAL CERTIFICATION, All diseases in Part I must be causally related.

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0277555
STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. H107 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Cedar co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldorado Springs</u>		c. CITY OR TOWN <u>Eldorado Springs</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>500 So. Grand</u>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ALBERTA</u> Middle <u>V</u> Last <u>CILPIN</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>21</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 31 1872</u>	9. AGE (In years) <u>84</u> Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John W. Gilpin</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Lulu Gilpin</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>4200</u>	17. INFORMANT Address <u>Mrs. Essel Roberts Eldorado Spgs</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cor pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>		
DUE TO (c)		<u>1 yr +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>10-15-56</u> to <u>8-21-57</u> and last saw him alive on <u>8-21-57</u> Death occurred at <u>10:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Chas. Sunderwirth D.O.</u>	22b. ADDRESS <u>Eldorado Springs</u>	22c. DATE SIGNED <u>8-22-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs</u>	23d. LOCATION (City, town, or County) (State) <u>Eldorado Spgs mo.</u>
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24. FUNERAL DIRECTOR <u>Swinn-Castles</u> ADDRESS <u>Eldorado Spgs</u>	25. DATE RECD. BY LOCAL REG. <u>8-23-57</u>	26. REGISTRAR'S SIGNATURE <u>George W. Mages</u>
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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 *Floyd E. Outhus*

Licensed Embalmer No. *4419*

P. O. Address *E. Donald Sp*

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.