

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32986**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5964** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>PIATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>PIATTE</b>	
b. CITY OR TOWN <b>PARKVILLE</b>		c. CITY OR TOWN <b>PARKVILLE</b>	
c. LENGTH OF STAY (in this place) _____		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 <b>LAZY M TRAILER COURT</b>		STREET ADDRESS (If rural, give location) <b>LAZY M TRAILER COURT</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Elbe</b>	b. (Middle) <b>George</b>	c. (Last) <b>Gilkey</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>OCT 4 1957</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 21, 1898</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>working engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Barber, beautician</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>HENRY C. Gilkey</b>	13b. MOTHER'S MAIDEN NAME <b>MARY HANNAH NORTH</b>	14. NAME OF HUSBAND OR WIFE <b>RUBY C. Gilkey</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-14-1370</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RUBY C Gilkey</b>	ADDRESS <b>PARKVILLE, MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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)
		<b>4201</b>

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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **APPROX 3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmond M. Giffert, Coroner</b>	(Degree or title)	23b. ADDRESS <b>Platte City, Mo.</b>	23c. DATE SIGNED <b>10-5-57</b>
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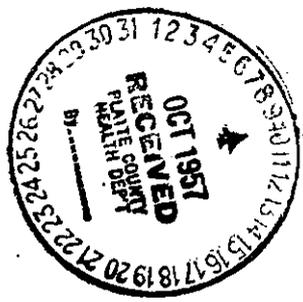
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Oct-7-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>
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DATE REC'D BY LOCAL REG. <b>10-5-57</b>	REGISTRAR'S SIGNATURE <b>Opelia Rollins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. McCormick</b>	ADDRESS <b>San H. K.C. Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57

Roland Siffes  
Landmark #8.



OCT 17 1957  
OCT 15 1957

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..... *Glenn H. Hill*

Licensed Embalmer No. 458

P. O. Address K. C. 16, Mo.

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.