

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 14 1960

-60-023783

Registration District No. 260 Primary Registration District No. 3041 Registrar's No. 121 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MACON</u>		Length of stay in 1b <u>2 day</u>	c. CITY OR TOWN <u>Beoion MO</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SARAGRITAN</u>		Inside Units Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>GILSTAP</u> Last <u>GILSTAP</u>	4. DATE OF DEATH Month <u>6</u> Day <u>30</u> Year <u>60</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16-91</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Roderstville MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Glis Berger</u>	14. NAME OF HUSBAND OR WIFE <u>-</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>-</u>	17. INFORMANT <u>Margaret Madlin</u> Address <u>Palms 10</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		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>	DUE TO (b) <u>Myocardial anoxia</u>	<u>one hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <u>-</u>	<u>one hr.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal obstruction</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <u>-</u> Month, Day, Year <u>-</u>	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>June 24, 1960</u> to <u>June 30, 1960</u> and last saw her/him live on <u>June 30, 1960</u> Death occurred at <u>1:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Care T. Risher M.D.</u> (Degree or title)	22b. ADDRESS <u>MACON MO</u>	22c. DATE SIGNED <u>July 1, 1960</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>7/1/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cem</u>	23d. LOCATION (City, town, or county) <u>Pine Grove MO</u>
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24. FUNERAL DIRECTOR <u>Dr. Edwards</u> ADDRESS <u>Bevier MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Walter M. Reedy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 11 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address Beverly

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