

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000689

FILED VS JAN 31 1961

77

Primary Registration District No. 3016

Registrar's No. 22

STATE FILE NUMBER

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>MONITEAU</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Jefferson City</u>  |  | Length of stay in lb<br><u>5 days</u>   | c. CITY OR TOWN<br><u>Tipton</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>CHARLES E. Still Osteo Hosp</u>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>R.F.D., TIPTON</u> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Luther</u> Middle <u>Walter</u> Last <u>Gilbert</u>   |  |   | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>25</u> Year <u>1961</u>   |  |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>WHITE</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>oct-</u>  | 9. AGE (last birthday)<br><u>83</u>                                    | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>   |
| IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARMING</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Tipton - Mo.</u>      | 12. CITIZEN OF WHAT COUNTRY<br><u>America</u>  |
| 13a. FATHER'S NAME<br><u>William Franklin Gilbert</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>ELEANOR Finley</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Sophoe Schmidt</u>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>ANDREW GILBERT (SON), TIPTON, Mo.</u>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Toxemia</u>  |  |   |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   |  |  |  |
| DUE TO (b) <u>General Peritonitis</u>   |  |   |  |  |  |
| DUE TO (c) <u>Terminal ileitis with perforation</u>   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis</u>  |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>   | Month, Day, Year   |   |  |  |  |
| 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  |  |
| 21. I attended the deceased from <u>1/20/61</u> to <u>1/25/61</u> and last saw him alive on <u>1/25/61</u><br>Death occurred at <u>8:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>R. U. Michael D.O.</u>   |  |   | 22b. ADDRESS<br><u>Jefferson City</u>  |  | 22c. DATE SIGNED<br><u>1/27/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   | 23b. DATE<br><u>JAN. 28, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>ST. ANDREW'S CEMETARY</u>  | 23d. LOCATION (City, town, or county)<br><u>TIPTON, Mo.</u>  | (State)  |  |
| 24. FUNERAL DIRECTOR<br><u>CONN FUNERAL HOME, TIPTON, Mo.</u>   |  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><u>25 January 1961</u>   | 26. REGISTRAR'S SIGNATURE<br><u>RR. Davis, MD - Richter, Asst.</u>     |  |

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ  
TELEWRITER RIBBON

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Jupiter, 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.