

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028125

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 126

FILED JUL 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0810
20810

3
4 0
5 1
6
7 0
8 2

9199.2
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doolittle Belmington Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doolittle Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Phelps
c. CITY OR TOWN Doolittle Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Louis Marion Gilbert July 12 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug 18 1900 9. AGE (last birthday) 61
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Phelps County Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Lewis Riley Gilbert 13b. MOTHER'S MAIDEN NAME Rosa Ray 14. NAME OF HUSBAND OR WIFE Vesta

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. 17. INFORMANT Address Vesta Gilbert Doolittle, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma of bowel, stomach + esophagus DUE TO (b) General debility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) General debility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
INTERVAL BETWEEN ONSET AND DEATH 1 yr. or less

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 May 30, 62 to July 12, 62 and last saw her July 12, 62 alive on July 12, 62 on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred

22a. SIGNATURE (In case or title) Richard E. Dugers MD 22b. ADDRESS Newburg, Mo. 22c. DATE SIGNED July 13, 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 14 1962 23c. NAME OF CEMETERY OR CREMATORY Roach Cemetery 23d. LOCATION (City, town, or county) (State) North of Newburg, Mo
24. FUNERAL DIRECTOR ADDRESS Lee Johnson Newburg, Mo. 25. DATE RECD. BY LOCAL REG. July 13, 1962 26. REGISTRAR'S SIGNATURE Madame L. Stoll

USE BLACK INK OR TYPEWRITER RIBBON

JUL 27 1962
SEP 5 1962

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

William L. Sturman

Licensed Embalmer No.

5092

P. O. Address

Newbury 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.