

FILED AUG 19 1942
588

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24728

State File No. _____

Registration District No. _____

Primary Registration District No. 5676

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town "RURAL" Sampsel, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles north of Sampsel, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town "RURAL" Jackson Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles N. Sampsel, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1942 hour 7:30 minute _____ A: M.

21. I hereby certify that I attended the deceased from June 24 1942 to July 11 1942
that I last saw him alive on July 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation
Due to Chronic myocarditis

Due to Myocarditis (since childhood)

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. J. Brennan (M. D. or _____)
Address Chillicothe, Mo. Date signed 7/11/42

Duration

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Albert Andrew Dale Gillilan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 7th 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Twp. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Ernest Gillilan

13. Birthplace Daviess County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dora M. Gann

15. Birthplace Livingston Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Gillilan

(b) Address R. R. #1 Sampsel, Mo.

17. (a) Lilly Grove (b) Date thereof 7-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Twp. Mo.

18. (a) Signature of funeral director F. B. Norman-Co.

(b) Address Chillicothe, Missouri

19. (a) July 13-1942 (b) Louella Curran
(Date received local registrar) (Registrar's signature)

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed..... ER Norman

Licensed Embalmer No. 2374

P. O. Address..... Chillicothe, 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 this body is not embalmed, fact should be so stated above.