

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** OCT 28 1945  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 755

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Baptist Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 days  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Willard, -- (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Samuel Cicero Gillespie

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Bachelor  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased XXXX Dec. 11, 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 12 If less than one day  
hr. min.

9. Birthplace Cleveland Co., N. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and stockman

11. Industry or business .....

MOTHER FATHER { 12. Name William Sidney Gillespie  
13. Birthplace Shelby, N. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Maria Horn  
15. Birthplace Shelby, N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nancy E. Sular Knox,  
(b) Address R.F.D. 1, Willard, Missouri

17. (a) burial (b) Date thereof Sept. 25, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wesley's Cemetery.

18. (a) Signature of funeral director P. Greenwald Und Co

(b) Address Willard, Missouri

19. (a) 9-26-45 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23,  
year 1945 hour 5. minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug. 1 1945 to Sept. 23 1945  
that I last saw him alive on Sept. 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the bladder  
Duration Several Months

Due to .....

Due to .....

Other conditions UNK  
(Include pregnancy within 3 months of death)

Major findings: Cancer of bladder  
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? .....

23. Signature O. G. Horst (M. D. or other) M.D.  
Address 430 South Ave Springfield Date signed 9/26/45

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

**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.....

....., Registered Apprentice No. ~~2095~~  
working under my personal supervision.

Signed Mrs E. W. Greenwade.

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri

**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.

X