

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 636

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 5287		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vicinity of North Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION on Highway 69, in ambulance				e. STREET ADDRESS (If rural, give location) 614 1/2 St. Louis Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Marjorie			b. (Middle) Korn		c. (Last) Gillie		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 23, 1915	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kirksville, Missouri		12. CITIZENRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George J. Korn			13b. MOTHER'S MAIDEN NAME Beda Norin		14. NAME OF HUSBAND OR WIFE Dr. James T. Gillie		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. James T. Gillie, Excelsior Springs, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined - died in ambulance on way to Hosp.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Living 4 in. below Costal Margin</u> DUE TO (c) <u>Probably cardiac failure. Possibly due to chronic alcoholism</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>3221</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O.S. Pate M.D. Coroner</u>				23b. ADDRESS <u>North Hannas City, Mo.</u>		23c. DATE SIGNED <u>1/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/18/49</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Claude Pichard, Excelsior Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

24  
3  
1

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-9-49

NOV 22 1954

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.

Signed Robert E. White

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.