

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12156**

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

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>104</b>		
1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewis Station</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>none</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAISY</b> b. (Middle) <b>A</b> c. (Last) <b>GILL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 24 1949</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct. 20-1873</b>		
9. AGE (In years last birthday) <b>75</b>		10. MONTHS <b>6</b>		11. YEARS <b>4</b>		12. IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Henry Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>George Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Parker</b>			14. NAME OF HUSBAND OR WIFE <b>Thomas Gill</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Gill</b> ADDRESS <b>Lewis Station Mo.</b>			
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) <b>Hypertensive Disease</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>apparently (1 day preceding)</b> DUE TO (c) <b>Arterial Sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS <b>331X</b>  INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Jan 1944</b> , to <b>Apr 24</b> , 1949 that I last saw the deceased alive on <b>Apr 23</b> , 1949 and that death occurred at <b>42 Stm.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Mrs. J. W. Jones</b> (Degree or title)				23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>4-24-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 28-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tebos cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Henry County Mo</b>		
DATE REC'D BY LOCAL REG. <b>4-28-49</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred Wilkinson</b> ADDRESS <b>Clinton Mo</b>				

1949 JUN 9

RECEIVED

District Health Officer No. 7

District File Number 4-49-450

Date Filed 5-2-49

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.....

*J. L. Wilkinson*

Signed.....

Student Embalmer

Licensed Embalmer No. 4374

P. O. Address *Clinton 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.