

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28979

98

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

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4477</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Schuyler</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Schuyler</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Glenwood</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Glenwood</p>		98 704			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">/</p>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <p style="text-align: center;">Maude</p>		a. (First)		b. (Middle)		c. (Last) <p style="text-align: center;">Gillispie</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Aug 29, 49</p>	
5. SEX <p style="text-align: center;">F /</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married /</p>		8. DATE OF BIRTH <p style="text-align: center;">Nov 13, 1889</p>		9. AGE (in years last birthday) <p style="text-align: center;">59</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A</p>			
13a. FATHER'S NAME <p style="text-align: center;">Rufus M Newman</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lucinda Sparks</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">T. P. Gillispie</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>			16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>			17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">T. B. Gillispie</p>			ADDRESS <p style="text-align: center;">Glenwood, Mo.</p>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid</u>						153X	
		ANTECEDENT CAUSES							
		DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
19a. DATE OF OPERATION <p style="text-align: center;">8-6-49</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">Carcinoma of Sigmoid</p>						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) m.		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 <u>April 20, 1949</u> , to <u>8-29, 1949</u> , that I last saw the deceased alive on <u>8-29, 1949</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <p style="text-align: center;">R.E. Vaughn M.D.</p>				23b. ADDRESS <p style="text-align: center;">Lancaster, Mo</p>		23c. DATE SIGNED <p style="text-align: center;">8/30/49</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Aug 31, 1949</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">IOOF</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Glenwood, Missouri</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Sep 3-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">[Signature]</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">[Signature]</p>		ADDRESS <p style="text-align: center;">Lancaster, Mo</p>			

RECEIVED

SEP 6 1949

District Health Officer No.

District File Number 9-49-15

Date Filed SEP 6 1949

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
Student Embalmer

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.