

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29865**

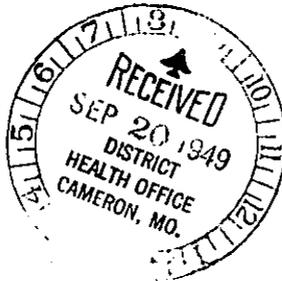
FILED SEP 26 1949

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4194** Registrar's No. **29865**

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cooper T. Cooper	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Henton b. (Middle) H. c. (Last) Gillespie		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 17 1871
9. AGE (In years) (Last birthday) 77		10. MONTHS 8	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Whitman Gillespie	
13b. MOTHER'S MAIDEN NAME Mary Ward		14. NAME OF HUSBAND OR WIFE Mary Frances Gillespie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Raymond Gillespie		ADDRESS Albany, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 14 hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		331X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Sept 14, 1949 to same , that I last saw the deceased alive on Sept 14, 1949 , and that death occurred at 9:30 p.m. from the causes and on the date stated above.			
23a. SIGNATURE C. J. Pray, D.O. (Degree or title)		23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 9-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Carmack	24d. LOCATION (City, town, or county) (State) Albany, Rural Mo.
DATE REC'D BY LOCAL REG. Sept. 19-49	REGISTRAR'S SIGNATURE Mrs. Mammie Lowe, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Blufford Brock	ADDRESS Albany, Mo.

NOV 1950



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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clifford Brooks*
Licensed Embalmer No. 3329

P. O. Address Albany, 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.