

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1949

38113

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 304 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City	
c. LENGTH OF STAY (In this place) 10 hours		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Clifford	b. (Middle) Arthur	c. (Last) Gilland	4. DATE OF DEATH (Month) (Day) (Year) November 7 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3 13 1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day laborer	10b. KIND OF BUSINESS OR INDUSTRY locker plant	11. BIRTHPLACE (State or foreign country) Worth Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis William Gilland	13b. MOTHER'S MAIDEN NAME Elizabeth Ann Kellin	14. NAME OF HUSBAND OR WIFE Ruby Gilland
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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. 488 14 6868	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Gilland ADDRESS Grant City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		30 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Duodenal Ulcer DUE TO (c) _____		6 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5411

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 7, 1949 to Nov 7, 1949, that I last saw the deceased alive on Nov 6, 1949 and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Mattison, M.D. (Degree or title)	23b. ADDRESS Grant City, Mo.	23c. DATE SIGNED 11/9/49
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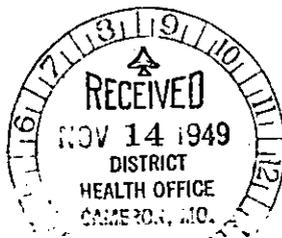
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-10-1949	24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery	24d. LOCATION (City, town, or county) (State) Grant City, Mo.
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DATE REC'D BY LOCAL REG. 11-12-49	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee ADDRESS Grant City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Arch C Duffee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City 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.