

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **331**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Washington Twnshp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Washington Township</b>	
c. LENGTH OF STAY (In this place) <b>3 years.</b>		d. STREET ADDRESS (If rural, give location) <b>College Inn 71 Hy-Way &amp; Maxwell Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hy*way 71 &amp; Seneca St.</b>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Marjorie</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Gillispie</b>	(Month) (Day) (Year) <b>February 4, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>January 1, 1921</b>
9. AGE (In years last birthday)		10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY?
<b>29</b>		<b>Fillmore, Missouri</b>	<b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>College Inn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Raymond Lance</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Hopkins</b>	14. NAME OF HUSBAND OR WIFE <b>Raymond C. Gillispie</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>497-32-3264</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Lance Atchison, Kansas.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal abdominal injuries</b>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture of both thighs, fracture 1 day</b> DUE TO (c) <b>of right foot, Deep scalp wound &amp; fatal hemorrhage and shock.</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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Belt Highway &amp; Seneca St.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 4 1950 4:25 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile-Truck Collision</b>

22. I hereby certify that I am the deceased from on 7/4, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy, M.D. (Coroner)</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>2/4/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Febr. 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fillmore Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Fillmore, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>Feb 9, 1950</b>	REGISTRAR'S SIGNATURE <b>K. B. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Halter Meierhoffer</b>	ADDRESS <b>1946 Colhoun St. St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 11 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 \*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student \*\*\*\*\*  
Student Embalmer

Signed Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.