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

FILED JUN 6 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15748

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 144

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim-Smith Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon D 4/D
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta / /
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) c. (Last) Gilliland
4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1892
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Macon County, Missouri D
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: John Spencer
13b. MOTHER'S MAIDEN NAME: Mary Bricker
14. NAME OF HUSBAND OR WIFE: John David Gilliland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John D. Gilliland ADDRESS: Atlanta Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary heart disease — 2 yrs

DUE TO (c) + diabetes — several yrs

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

260X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1950, *to* May 15, 1950, *that I last saw the deceased alive on* May 15, 1950, *and that death occurred at* 12:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: George E. Grim (Degree or title) MD
23b. ADDRESS: Kirksville Missouri
23c. DATE SIGNED: 5/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial D
24b. DATE: May 17 1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Steele
24d. LOCATION (City, town, or county) (State): Independence Township Macon Mo
DATE REC'D BY LOCAL REG.: 5-27-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: H M Goodding ADDRESS: Atlanta Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1950

RECEIVED

District Health Officer No.

District File Number 6-50-

Date Filed

## 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

working under my personal supervision.

Student Embalmer No.

Signed H M Goodding

Signed

Student Embalmer

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.