

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1950

State File No. 19986

0422

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

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Henry</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Spruce Grove</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>in Johnstown</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bert</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Gilliland</u>	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>2</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-17-1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hugh Gilliland</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF deceased's WIFE <u>Susan Gilliland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ila Shagg Benton Row</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES <u>and Arteriosclerosis</u>				17 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Verus</u>				7 days	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>3.31X</u>					
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) <u>no</u>		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) _____		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>6/15</u> , 19 <u>50</u> , to <u>7/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>50</u> , and that death occurred at <u>4:55</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Peeler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>7/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnstown cem</u>		24d. LOCATION (City, town, or county) <u>Bates Co</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>July-4-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lickman & Dunning</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-10-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-10-50

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 Robert J. Dunning

Licensed Embalmer No. 4296

P. O. Address Clinton 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.