

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0910
State File No. 24422
Registrar's No. 139

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 6032

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Rural Doniphan township</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Doniphan township</u>	
c. LENGTH OF STAY (In this place) <u>31 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi northwest of Doniphan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles northeast of Doniphan</u>			
3. NAME OF DECEASED a. (First) <u>HARLEY</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>GILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>2-14-1893</u>
9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not known</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not known</u>	11. BIRTHPLACE (State or foreign country) <u>La</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Gill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>449-01-4182</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Gill - KANSAS CITY, KAN.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, 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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>6-24</u> , 19 <u>50</u> , to <u>7-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-4</u> , 19 <u>50</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Johnson MD</u>		23b. ADDRESS <u>Doniphan, Mo</u>	23c. DATE SIGNED <u>7-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-17-50</u>	REGISTRAR'S SIGNATURE <u>E.O. Johnston 277</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.W. Edwards - Doniphan, Mo.</u>	

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

1967 T N 777

NO FEE
ENCLOSURE
JUL 27 1967

MAR 24 1955

MAR 21 1955

MAR 28 1967

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.