

FILED OCT 25 1950

STANDARD CERTIFICATE OF DEATH

328866

State File No. ....

BIRTH NO. 63669-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston (Rural)</u> <u>0670</u>	
c. LENGTH OF STAY (in this place) <u>10 min</u>		d. STREET ADDRESS (If rural, give location) <u>R. 1, Box 79</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dora</u>	b. (Middle) <u>Nelson</u>	c. (Last) <u>Gillespie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1950</u>
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5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Oct 12 1950</u>	9. AGE (In years last birthday) - Months - Days - Hours - Min. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Marguerite Gillespie</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Marguerite Gillespie, R.1, Charleston,</u>	ADDRESS 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  <u>7600</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial hemorrhage 18 min</u>		
	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 <u>1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 10-11, 1950, to 10-11, 1950, that I last saw the deceased alive on 10-11, 1950 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>H. P. Fulton D.O.</u>	23b. ADDRESS <u>Wya H, Mo</u>	23c. DATE SIGNED <u>Oct 12 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-16-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164

RECORDED

EX. NO. 1000

FILE NO. 1000

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

*Wm. G. B. F.*