

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5546

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u> <u>0721</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>W</u> c. (Last) <u>Gillespie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W hite</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>April 23 1860</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton County Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Gillespie</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Emiline Blesler</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>02-400</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Foster Hayti, Mo.</u> ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral apoplexy</u> ANTECEDENT CAUSES <u>ht. hemiplegia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>concomitant of ht. empla</u> DUE TO (c) <u>g upper lip</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		140X			

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) (Min.)		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 2-1-, 1951, to 2-3-, 1951, that I last saw the deceased alive on 2-2-, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. S. Shively</u> (Degree or title) <u>med.</u>		23b. ADDRESS <u>Shively Clinic Hayti, Mo.</u>		23c. DATE SIGNED <u>2-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>2-7-51</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Rural Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carlisle (Rural) Illinois</u>		DATE REC'D BY LOCAL REG. <u>2-16-51</u> REGISTRAR'S SIGNATURE <u>John W German</u> 406 FUNERAL DIRECTOR'S SIGNATURE <u>John St. German Hayti, Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0781

2-51-64

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

FEB 24 1951

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

John H. German

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.