

FILED SEP 5 1951

STANDARD CERTIFICATE OF DEATH

26384  
State File No. 103

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <b>Cass</b> 0190		2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Peculiar 37 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Dolan, 0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi. So. of Freeman.</b>	

3. NAME OF DECEASED (Type or Print) <b>Minnie Elsie Gill.</b>			DATE OF DEATH. <b>Aug 28 1951</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 16 - 1889</b>	9. AGE (In years last birthday) <b>61</b>	10. UNDER 1 YEAR <b>9</b>	11. UNDER 1 MRS. <b>12</b>	12. Hours <b>12</b>	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>	11. BIRTHPLACE (State or foreign country) <b>Cass Co., Mo.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Tipton</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Ackland</b>	14. NAME OF HUSBAND OR WIFE <b>Bert Gill</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bert Gill</b>	18. ADDRESS <b>Liste Mo R#1</b>
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19. 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Congestive Heart Failure</b>		<b>1 yr</b>	
ANTECEDENT CAUSES		<b>Arteriosclerotic Heart disease</b>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>&amp; Left Cardiac Hypertrophy</b>			
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 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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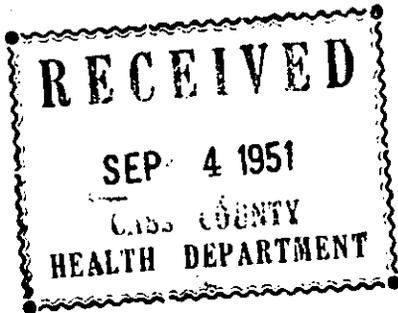
22. I hereby certify that I attended the deceased from **Apr 1, 1951**, to **Aug 28, 1951**, that I last saw the deceased alive on **Aug 28, 1951**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul H. Green D.O.</b>	23b. ADDRESS <b>Harrisonville, Mo.</b>	23c. DATE SIGNED <b>8-29-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug 30 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
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DATE REC'D BY LOCAL REG. <b>Aug 29 1951</b>	REGISTRAR'S SIGNATURE <b>Nora Barnard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilkinson</b>	ADDRESS <b>Harrisonville Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....  
Student Embalmer

Signed *Hayd Ottinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

*me*