

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

282558  
7100

State File No. ....

FILED AUG 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>McKittrick, Mo.</u> <u>0700</u>	
c. LENGTH OF STAY (In this place) <u>0hr</u>		d. STREET ADDRESS (If rural, give location) <u>Peoples Hosp. 2121 Locust</u> <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Andy</u> b. (Middle) _____ c. (Last) <u>Gillette</u>			4. DATE OF DEATH (Month) <u>8-</u> (Day) <u>7</u> (Year) <u>51</u>		
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>7</u>	8. DATE OF BIRTH <u>5-4-1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>McKittrick, Mo.</u> <u>0</u>	
13a. FATHER'S NAME <u>Jim Gillette</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Gillette</u>	

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>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Gillette, McKittrick, Mo.</u>			
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			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>5 yrs</u>	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		<u>15 yrs</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>H200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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? <u>11</u>
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22. I hereby certify that I attended the deceased from 1-5, 1948, to 8-6, 1951, that I last saw the deceased alive on 8-5, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cawel T. Shaw</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Heimann, Mo.</u>	23c. DATE SIGNED <u>8-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McKittrick Colored</u>	24d. LOCATION (City, town, or county) (State) <u>McKittrick, Mo</u>
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DATE REC'D BY LOCAL RES. <u>AUG 9 1951</u>	REGISTRAR'S SIGNATURE <u>J. E. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Blumer</u>	ADDRESS <u>Heimann, Mo.</u>
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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 me

working under my personal supervision.

Student Embalmer No.....

Signed W. W. Wilkerson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis 240

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.

*W. W. Wilkerson*