

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29574

State File No.

FILED SEP 24 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5132</u>		Registrar's No. <u>954</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Wayne Twp.</u>		c. LENGTH OF STAY (in this place) <u>16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Wayne Twp.</u>		0110		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles south of St. Joseph on DeKalb Road</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles south of St. Joseph on DeKalb Road</u>				
3. NAME OF DECEASED (Type or Print) <u>Haydee Gillespie</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>September 15, 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single (1)</u>		8. DATE OF BIRTH <u>October 13, 1865</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 Wks. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dressmaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own shop</u>			11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>John Gillespie</u>			13b. MOTHER'S MAIDEN NAME <u>Harriett Thompson</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 date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Gillespie, Halls Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerative Heart Disease</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1222</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1942</u> , 19 <u> </u> , to <u>Sept 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 14</u> , 19 <u>51</u> , and that death occurred at <u>8:10 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. W. Riley, M.D.</u>				23b. ADDRESS <u>926 Edmund</u>		23c. DATE SIGNED <u>9/15/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial (1)</u>		24b. DATE <u>9/16/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cuthbert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Horton Brown, General Home St Joseph, Mo.</u>			

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

0110

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 GW Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 56th St. Joseph

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.