

S. No. 300
EV. 10.48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41907
Registrar's No. 463

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 8026

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Independence		c. CITY OR TOWN Sibley	
c. LENGTH OF STAY (In this place) 12 hours		d. STREET ADDRESS (If rural, give location) village	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Hospital & San.			

3. NAME OF DECEASED (Type or Print) Andrew Jackson Gillette			4. DATE OF DEATH Dec. 1, 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14, 1885	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant, Jackson		10b. KIND OF BUSINESS OR INDUSTRY Emer. Hosp.		11. BIRTHPLACE (State or foreign country) Princeton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Don Gillett e		13b. MOTHER'S MAIDEN NAME Johanna Kincaid		14. NAME OF HUSBAND OR WIFE Edna V. Gillette	
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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) no		16. SOCIAL SECURITY NO. 492-18-2092		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Gillette, Sibley, Mo.		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis				2 wks	
		DUE TO (c) Atherosclerosis					
		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)		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 11-30, 1951, to 12/1/51, 1951, that I last saw the deceased alive on 12/1/51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R. J. GARDNER (Degree or title)		23b. ADDRESS Sibley, Mo.		23c. DATE SIGNED 12/3/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery		24d. LOCATION (City, town, or county) (State) Buckner, Missouri	
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DATE REC'D BY LOCAL REG. 12-2-51		REGISTRAR'S SIGNATURE		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 17 1950

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

Ralph O Jones

Licensed Embalmer No. *4604*

P. O. Address *Buckner, Md*

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.