

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

741

FILED 11 1952
FEB 11 1952

REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Halletts</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silman City</u>	
c. LENGTH OF STAY (in this place) <u>3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Silman Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>RALPH</u> b. (Middle) <u>SANJOR</u> c. (Last) <u>Gillette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 1 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-22-1894</u>		9. AGE (In years last birthday) <u>57</u> Months <u>9</u> Days <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Davies Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>John K. Gillette</u>		13b. MOTHER'S MAIDEN NAME <u>Emma V. Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie E. Gillette</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie E. Gillette</u> ADDRESS <u>Halletts, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized</u> DUE TO (c) <u>Chronicatitis</u>		<u>1 yr</u>	

19a. DATE OF OPERATION <u>July 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>		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) <u>157X</u>	
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?	

22. I hereby certify that I attended the deceased from Dec 26, 1951 to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 2:10 P.M. from the causes and on the date stated above.

23. SIGNATURE <u>Walter Orin</u>		23b. ADDRESS <u>M. A. Halletts Mo</u>		23c. DATE SIGNED <u>2-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cornes Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Davies Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9 Feb. 1952</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Williamson Funeral Home</u>	
		ADDRESS <u>Silman City Mo.</u>			

(Licensed/Embalmer's Statement on Reverse Side)

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

3101

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 _____

Doyle E. Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. *4883*

P. O. Address *Alman City 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.