

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2226

FILED FEB 13 1952

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 9

0799
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry | |
| b. CITY (If outside corporate limits, write RURAL and give township) Seventy-Six | | c. CITY (If outside corporate limits, write RURAL and give township) Seventy-Six | |
| c. LENGTH OF STAY (In this place) life | | d. STREET ADDRESS (If rural, give location) Gen. Del. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Idella b. (Middle) c. (Last) Gillenwaters | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1952 | | |
| 5. SEX Female 3 | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | |
| 8. DATE OF BIRTH Sept. 12, 1887 | | 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Seventy-Six, Missouri | |
| 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Frank Bowles | | 13b. MOTHER'S MAIDEN NAME Unk. | | 14. NAME OF HUSBAND OR WIFE Chris. Gillenwaters | |
| 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. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Gillenwaters, Seventy-Six, Mo. | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic | | | INTERVAL BETWEEN ONSET AND DEATH 5 years |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4222 | | 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) | | 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 Jan 11, 1952, to Jan 27, 1952, that I last saw the deceased alive on Jan 25, 1952 and that death occurred at 2:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Theodore Fischer M.D. | | 23b. ADDRESS Altavergue, Mo. | | 23c. DATE SIGNED 1-31-52 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 2, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY A.M.E. Church Cemetery | | 24d. LOCATION (City, town, or county) (State) Old Appleton, Missouri | |
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| DATE REC'D BY LOCAL REG. Feb 6-52 | | REGISTRAR'S SIGNATURE John Zellmer | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Sparks Cape Girardeau, Mo. | |
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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 Frank Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Breton.....

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.