

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15449**

No. 300
10-48

FILED MAY 7 1952

REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4557** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) Manfield		c. CITY (If outside corporate limits, write RURAL and give township) Manfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manfield		d. STREET ADDRESS (If rural, give location) Manfield	
3. NAME OF DECEASED a. (First) ARTHUR		b. (Middle) E.	
c. (Last) Gilley		4. DATE OF DEATH (Month) (Day) (Year) 4-27-52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 4, 1873
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Manfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE Hella Gilley	
13a. FATHER'S NAME Wesley Gilley		13b. MOTHER'S MAIDEN NAME Martha Adle	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. Ed Loomis		ADDRESS Manfield, Mo.	
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) Coronary occlusion ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4701	
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 July-5 , 19 51 , to April 27 , 19 52 , that I last saw the deceased alive on April 25 , 19 52 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. O. L.		23b. ADDRESS Manfield Mo.	
23c. DATE SIGNED 4/28/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/29/52	
24c. NAME OF CEMETERY OR CREMATORY Wendley Cem.		24d. LOCATION (City, town, or county) (State) Wright Mo.	
DATE REC'D BY LOCAL REG. 4/27/52		REGISTRAR'S SIGNATURE Stan Burdick	
25. FUNERAL DIRECTOR'S SIGNATURE How H. Ferrell		ADDRESS Manfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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WRIGHT CO. HEALTH DEPT.
County File Number 552-56
Date Filed 5-3-97

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 Alan H. Ferrell.....

Licensed Embalmer No. 4847.....

P. O. Address Mansfield, 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.