

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1952

16142

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 519

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Republic</u>		c. CITY OR TOWN <u>Republic</u> <u>0390</u>	
c. LENGTH OF STAY in this place <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>GREEN</u> c. (Last) <u>Gilliland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 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>Aug 24, 1866</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	
IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mixed Crop.</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Mrs. Mary Gilliland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Doake</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Wade</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Pyett</u>		ADDRESS <u>Republic, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>1 Month</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <u>4500</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)	
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 March, 1951, to May, 1952, that I last saw the deceased alive on 26 May, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl J. Leidingger, M.D.</u> (Degree or title)		23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>27 May 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-29-52</u>		REGISTRAR'S SIGNATURE <u>James P. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Forrest</u> ADDRESS <u>Republic, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0390

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.....
Student Embalmer

Signed John McHalt

Licensed Embalmer No. 4635

P. O. Address Republic, 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.