S. No. 300
v. 10.48

Eichinger

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23399

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (In this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 210 S. Ash St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada Mo
d. STREET ADDRESS (If rural, give location) 210 South Ash

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) Victoria
c. (Last) Gillette

4. DATE OF DEATH (Month) (Day) (Year) June 25 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 8-1902
9. AGE (Last birthday) 50 — If under 1 year: Months 3, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Chanute Kan
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Alex Anderson
13b. MOTHER'S MAIDEN NAME Anna Anderson
14. NAME OF HUSBAND OR WIFE L. D. Gillette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME L.D. Gillette — **ADDRESS** Nevada

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis (Abdominal) — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Ovarian
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
175X

19a. DATE OF OPERATION 5-9-52
19b. MAJOR FINDINGS OF OPERATION Pelvic Carcinomatosis (Ovarian Primary)
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19 *19*52 *to* June 25 *19*52 *that I last saw the deceased alive on* June 25 *19*52 *and that death occurred at* 5:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE Wm Allen (Degree or title) M.D.
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 27-1952
24c. NAME OF CEMETERY OR CREMATORY Newton Burial Pk
24d. LOCATION (City, town, or county) (State) Nevada Mo.

DATE REC'D BY LOCAL REG. 6-30-52
REGISTRAR'S SIGNATURE Anna L. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home — **ADDRESS** Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Percy F. Melster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.