S. No. 300
V. 10.48

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25176

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: NEW MADRID 0720 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Lafont
c. LENGTH OF STAY (In this place): 10 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 MILE N. CONRAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0720 0
d. STREET ADDRESS (If rural, give location): 1 MILE N. CONRAN

3. NAME OF DECEASED (Type or Print)
a. (First): MATTHEW
b. (Middle): HUSTON
c. (Last): GILLIAM

4. DATE OF DEATH (Month) (Day) (Year): JULY 13 1952

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W. 2

8. DATE OF BIRTH: JULY 10 1873

9. AGE (In years last birthday): 79
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): TENNESSEE 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JESS GILLIAM

13b. MOTHER'S MAIDEN NAME: MARTHA McADAMS

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: CLAUD INSCOE
ADDRESS: ST. JOE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Osteogenic sarcoma — 3-4 yrs
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: 196 X

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): Portageville New Madrid Mo.

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* _____, 1950, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Thornton Jr. (Degree or title) M.D.
23b. ADDRESS: Portageville Mo.
23c. DATE SIGNED: 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/15/52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): MALDEN MO

DATE REC'D BY LOCAL REG.: 7-30-52
REGISTRAR'S SIGNATURE: H. L. Pondy — Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: DAY FUNERAL HOME
ADDRESS: MALDEN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1952

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 J. E. Scherman

Licensed Embalmer No. 4086

P. O. Address Malden

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.