

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25385

State File No.

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> <u>0860</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> <u>0860</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL"</u> d. STREET ADDRESS (If rural, give location) <u>UNIONVILLE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>GILWORTH</u>		4. DATE OF DEATH <u>JULY 15, 1952</u>	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. MONTHS <u>3</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PUTNAM COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>GEORGE CALLISON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY McCLEAN</u>	14. NAME OF HUSBAND OR WIFE <u>B. F. GILWORTH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. B. F. GILWORTH R.F.D.</u> ADDRESS <u>UNIONVILLE, MO.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u> DUE TO (c) <u>with Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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)	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 7-4-52, 1952, to 7-15-52, 1952, that I last saw the deceased alive on 7-15-52, 1952, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Gallen D.O.</u>	23b. ADDRESS <u>Unionville, Mo</u>	23c. DATE SIGNED <u>7/17/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>	24b. DATE <u>JULY 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEST LIBERTY CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>

DATE REC'D BY LOCAL REG. <u>7-26-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> ADDRESS <u>UNIONVILLE, MO.</u>
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(Licensed Embalmers' 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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Chenoweth, Me.

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.