

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44395**

FILED JAN 21 1953

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5066 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Liberal, Mo RR</u>		c. CITY OR TOWN <u>Rural</u> <u>18750</u>	
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS <u>Pittsburg RR 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberal, Mo RR</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Gilliam</u> c. (Last) <u>Gilliam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-5-1878</u>	9. AGE (In years last birthday) <u>74</u> 10. UNDER 1 YEAR <u>10</u> 11. UNDER 12 HRS. <u>2</u> 12. UNDER 12 MIN. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Osage Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Gilliam</u>	13b. MOTHER'S MAIDEN NAME <u>Damatha Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Sibina Gilliam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thurs. Blumside</u>	17. ADDRESS <u>Liberal, Mo RR 1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Hypertensive Type of Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2. Congestive Heart Failure</u> DUE TO (c) <u>3. De compensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4. Malnutrition</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-12, 1948, to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>(R. D. Carter, M.D.)</u>	23b. ADDRESS <u>1132 3rd St. Pittsburg, Mo</u>	23c. DATE SIGNED <u>1/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberal, Mo Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Jan 14, 1953</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dard Bobbit</u>	ADDRESS <u>Pittsburg, Kansas</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SW. 2/21/53
0600

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 Clarence H. Child

Licensed Embalmer No. 3473

P. O. Address Lenox 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.