

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6979

State File No. _____
Registrar's No. 34

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

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

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conception Jct. Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u> " " " "</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Marion</u> b. (Middle) <u>Sigel</u> c. (Last) <u>Gill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1953</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>Widower</u>	8. DATE OF BIRTH <u>Nov. 7/1886</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith shop</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Isaac Gill</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Heater Gill Deceased</u>
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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>Mrs. C. E. Scott</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOBAR PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>490X</u>
	II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. <u>HEMNATED CERVICAL DISK</u>		<u>2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 JAN 25, 1953, to Feb. 6, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 7 am m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Kadwell</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Conception Jct., Mo.</u>	23c. DATE SIGNED <u>2/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-14-53</u>	REGISTRAR'S SIGNATURE <u>Gess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tatay H. Phillips</u>	ADDRESS <u>Stoung</u>
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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

Leroy H. Kelley

Licensed Embalmer No. 1898

P. O. Address Stouffville, Md

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.