

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27578**

FILED AUG 19 1953

BIRTH NO. 34153 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>11 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Township 0980</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>0980</u>		
3. NAME OF DECEASED a. (First) <u>PAUL</u> b. (Middle) <u>LEON</u> c. (Last) <u>GILLISPIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 '53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 20 '53</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>1 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE, (State or foreign country) <u>Kirkville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Raymond Gillispie</u>	13b. MOTHER'S MAIDEN NAME <u>Leora Adams</u>	14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leora Gillispie Glenwood 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Advanced Dementia + Incontinence</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>7720</u>		
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?	

22. I hereby certify that I attended the deceased from Aug 14, 1953, to Aug 15, 1953 that I last saw the deceased alive on Aug 14, 1953 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold G. Mangold D.O.</u>	23b. ADDRESS <u>1001 Hospital, Kirkville Mo</u>	23c. DATE SIGNED <u>Aug 15, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrenton Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Cooley Queen City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-17-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		

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

WAYS

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STATEMENT BY LICENSED EMBALMER

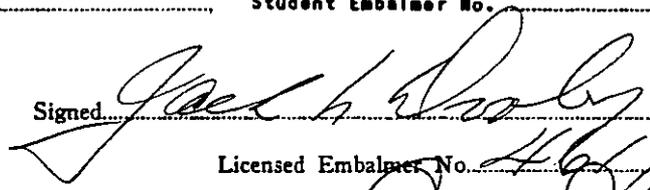
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4619

P. O. Address Green Valley, 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.