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FILED NOV 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36205

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
c. LENGTH OF STAY (in this place): 4 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 7000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grain Valley, 0
d. STREET ADDRESS (If rural, give location): (Rural) 2½ mi N. W.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E
c. (Last): Gillison

4. DATE OF DEATH (Month) (Day) (Year): October 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): O.A.A.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bluesprings Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gabriel Parr
13b. MOTHER'S MAIDEN NAME: Lucy Gibson
14. NAME OF HUSBAND OR WIFE: Harry Gillison

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: Harry Gillison — ADDRESS: Grain Valley 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): Cerebro Vascular accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
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):
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* 10 - 12, 1953, *to* 10 - 16, 1953, *that I last saw the deceased alive on* ~~10 - 16~~, 1953, *and that death occurred at* ~~1:00p~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Wm M.D. O
23b. ADDRESS: 4802 project
23c. DATE SIGNED: 10-[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-18-53
24c. NAME OF CEMETERY OR CREMATORY: Lobb Cem
24d. LOCATION (City, town, or county) (State): Bluesprings Mo

DATE REC'D BY LOCAL REG.: 10-18-53
REGISTRAR'S SIGNATURE: N B Langsford
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home — ADDRESS: Bluesprings Mo

(Licensed Embalmer's 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 R B Webb

Licensed Embalmer No 2353

P. O. Address Blue Springs

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.