

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42912

State File No. _____

5959

V. S. No. 300
Rev. 10-48

BIRTH NO. _____ **FILED JAN 14 1954** REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 5 days	a. STATE Kansas b. COUNTY Allen
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		c. CITY OR TOWN Iola	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) 701 South Walnut	81508

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Andrew	b. (Middle) NMI	c. (Last) GILLET	(Month) December	(Day) 20	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 10, 1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wesley W. Gillet	13b. MOTHER'S MAIDEN NAME Belle Riggle	14. NAME OF HUSBAND OR WIFE Eva Gillet
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes VV-1	16. SOCIAL SECURITY NO. 513-10-7003	17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C.Mo.	ADDRESS
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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 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of lung with generalized metastases		
	ANTECEDENT CAUSES as above		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		as above	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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)
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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 December 14, 1953, to December 20, 1953, and that death occurred at 3:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE W. E. BURGER, M.D.	(Degree or title) 0	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 12/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Remove	24b. DATE 20 Dec 1953	24c. NAME OF CEMETERY OR CREMATORY Iola Cemetery	24d. LOCATION (City, town, or county) (State) Iola, Kansas
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DATE REC'D BY LOCAL REG. 12-20-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	ADDRESS (V.C. No.) Son 1371 Bush Creek Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed Walter A. Jones

Licensed Embalmer No. 4927

P. O. Address 4125 Paine K.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.