

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

43466

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Holden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>	
c. LENGTH OF STAY (in this place) <u>76 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>West 2nd Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>West 2nd Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minnie</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Gilliom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>	12. COUNTRY OF BIRTH <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bigelow D. Buzzard</u>	13b. MOTHER'S MAIDEN NAME <u>Armenda Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel B. Gilliom Holden, Mo.</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>Daniel B. Gilliom, Holden, Mo.</u>	ADDRESS <u>Holden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic hepatitis</u>		
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 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) <u>592X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 12, 1947, to Dec 15, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 10:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. Halimberg D.O.</u>	23b. ADDRESS <u>Holden, Mo.</u>	23c. DATE SIGNED <u>12-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Medford cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 Mi So. Holden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. CAST</u>	ADDRESS <u>Holden, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

9510

MS
DEC 30 1959



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 *J. B. Cant*

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.