No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45699

FILED APR 14 1954

BIRTH NO. ____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5371 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: DAVISEE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (WASHINGTON)
c. LENGTH OF STAY (in this place): 71 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gilman City R.F.D. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: DAVISEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ~~Twp.~~ WASHINGTON (TWP)
d. STREET ADDRESS (If rural, give location): Gilman City R.F.D. 1

3. NAME OF DECEASED (Type or Print)
a. (First): EVERETT
b. (Middle): AQUILLER
c. (Last): READ

4. DATE OF DEATH (Month) (Day) (Year): 12 29 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-23-1882
9. AGE (In years last birthday): 71 — If under 1 year: Months 9, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): DAVISEE CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JESSIE M. READ
13b. MOTHER'S MAIDEN NAME: MARTHA Smith
14. NAME OF HUSBAND OR WIFE: MARY M. HOUSE READ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mary M. Read — ADDRESS: Gilman City, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 15 yrs.
DUE TO (c) diabetes mellitus — 15 yrs

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
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* Jan. *, 19*53*, to* Dec 29*, 19*53*, that I last saw the deceased alive on* Dec 28*, 19*53*, and that death occurred at* 6:40 Am.*, from the causes and on the date stated above.*

23a. SIGNATURE: J B Bailey — (Degree or title): M.D.
23b. ADDRESS: Jamesport Mo.
23c. DATE SIGNED: 12-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-53
24c. NAME OF CEMETERY OR CREMATORY: Cornon Cemetery
24d. LOCATION (City, town, or county) (State): Daviess Co. Mo.

DATE REC'D BY LOCAL REG.: 4-9-54
REGISTRAR'S SIGNATURE: Virginia M. Fauselhert
25. FUNERAL DIRECTOR'S SIGNATURE: Doyle E. Wilkerson — **ADDRESS**: Gilman City

(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 Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Gilman City

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.