

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 366

FILED JAN 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY OR TOWN <b>Poplar Bluff</b>				c. CITY OR TOWN <b>Rural New Lisbon</b>			
c. LENGTH OF STAY (in this place) <b>days</b>				d. STREET ADDRESS (If rural, give location) <b>Bloomfield, Route # 1</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Doctors Hospital</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ARTHUR</b>		b. (Middle) <b>BLAIR</b>		c. (Last) <b>GILLESPIE</b>	
4. DATE OF DEATH <b>Jan. 6, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 7, 1915</b>		9. AGE (In years last birthday) <b>38</b>		10. UNDER 1 YEAR <b>3</b>		11. UNDER 1 MRS. <b>3</b>	
12. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard Co. Missouri</b>		13. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		14. FATHER'S NAME <b>Elmo Gillespie</b>		15. MOTHER'S MAIDEN NAME <b>Edna Clodfelter</b>	
16. NAME OF HUSBAND OR WIFE <b>Lela Fay Gillespie</b>		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		18. SOCIAL SECURITY NO. <b>None</b>		19. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fay Gillespie, Bloomfield, Mo. Rd</b>	
20. 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.		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Cerebral hemorrhage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		22. INTERVAL BETWEEN ONSET AND DEATH			
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT SUICIDE HOMICIDE (Specify)		27. PLACE OF INJURY (e.g., in or about house, farm, factory, street, etc.) <b>In house</b>		28. (CITY, TOWN, OR TOWNSHIP) <b>New Bloomfield</b>		(COUNTY) <b>Stoddard</b>	
(STATE) <b>Mo</b>		29. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 2, 1954</b>		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		31. HOW DID INJURY OCCUR? <b>Car accident</b>	
32. I hereby certify that I attended the deceased from <b>Jan 2, 1954</b> , to <b>Jan 6, 1954</b> , that I last saw the deceased alive on <b>Jan 6, 1954</b> , and that death occurred at <b>3:20 p.m.</b> , from the causes and on the date stated above.		33. SIGNATURE <b>W. Markel M.D.</b>		34. ADDRESS <b>Poplar Bluff Mo</b>		35. DATE SIGNED <b>1-18-54</b>	
36. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>Jan. 8-1954</b>		38. NAME OF CEMETERY OR CREMATORY <b>Leora cemetery</b>		39. LOCATION (City, town, or county) <b>Stoddard Co. Missouri</b>	
40. DATE REC'D BY LOCAL REG. <b>1-20-54</b>		41. REGISTRAR'S SIGNATURE <b>W. Markel</b>		42. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO.</b>		43. ADDRESS <b>Bloomfield, Mo.</b>	

499-0

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

JAN 25 1954  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 Lulu

Cooper # 3499

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Ivan E. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Notes: 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.