

No. 300
 10-48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7308

State File No.

XC-5 059 053
 Reg. 116,806

BIRTH PLACE ILLINOIS MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> d. COUNTY <u>BOND</u>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>9 days</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POCAHONTAS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>BOX 206</u>	
3. NAME OF DECEASED (Type or Print) <u>TONY I. GILLESPIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-54</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-18-1910</u>
9. AGE (In years, last birthday) <u>43</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (State or foreign country) <u>POCAHONTAS, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>CHARLES GILLESPIE</u>	
13b. MOTHER'S MAIDEN NAME <u>EULA SMALLINGER</u>		14. NAME OF HUSBAND OR WIFE <u>MARY GILLESPIE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSP. RECORDS, JEFF. BRKS. MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTION OF LUNGS WITH ATELECTASIS;</u>		<u>ASCITES</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>PORTAL CIRRHOSIS</u>		
		DUE TO (c)		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-54, 1954, to 2-19-54, 1954, and that death occurred at 9:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Westphalinger</u> (Degree or title)		23b. ADDRESS <u>VAH JEFF BRKS. MO.</u>		23c. DATE SIGNED <u>2-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal motor</u>		24b. DATE <u>2-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unk</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Ill.</u>

DATE REC'D BY LOCAL REG. <u>2-20-54</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Federal Home</u>	ADDRESS <u>6322 S. Grand Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed David Tan Fozzom

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Blvd.

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.