No. 300
10-48

0972

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10841

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 47

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Mo.~~ Slater 0972
d. STREET ADDRESS (If rural, give location): Le Roy St.

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): May
c. (Last): Gilliam

4. DATE OF DEATH (Month) (Day) (Year): March 18-1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 19-1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Saline Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Edward Campbell
13b. MOTHER'S MAIDEN NAME: Ella Officer
14. NAME OF HUSBAND OR WIFE: Homer Gilliam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Homer Gilliam, Slater, 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): Diabetes, Hyperthyroidism, Urinary Suppression.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH

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): Marshall Saline Mo
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* March 12, 1954, *to* March 18, 1954, *that I last saw the deceased alive on* March 18, 1954, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Lawrence M D
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: 3-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/1954
24c. NAME OF CEMETERY OR CREMATORY: Miami Cemetery.
24d. LOCATION (City, town, or county) (State): Miami, Miami, Mo.

DATE REC'D BY LOCAL REG.: 3-21-1954
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hill Brothers Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.