

FILED MAY 14 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12653

State File No.

BIRTH NO.		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MACON Rural</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warwood</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILL-HILDVETH SAN.</u>				d. STREET ADDRESS (If rural, give location) <u>1142 1</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIAM HENDERSON GILLY</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 10 1875</u>		9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Months <u>6</u>	if UNDER 24 HRS. Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Co. Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Ransom Gilly</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Cora E. Barris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>4-2-10</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Congestion AND MITRAL STENOSIS</u> DUE TO (c) <u>Arteriosclerosis</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 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 <u>4/12</u> , 1954, to <u>4/30</u> , 1954, that I last saw the deceased alive on <u>4/30</u> , 1954, and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Darryl S. Still</u>				23b. ADDRESS <u>D.O. 7 MACON, MO.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/30/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/8/54</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Bram</u>			
				ADDRESS <u>Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5.10.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.54.82
Date Filed 5.12.54

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

Howard G. Myers

Licensed Embalmer No. 2497

P. O. Address

Shelby, Ma

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.