FILED JUL 12 1954

S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18538

State File No.

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 69

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany
d. STREET ADDRESS (If rural, give location): 0380

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): Lee
c. (Last): Gillespie

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 4, 1871
9. AGE (In years last birthday): 82 — If under 1 year: Months 9, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: James T. Giles
13b. MOTHER'S MAIDEN NAME: Anna Robertson
14. NAME OF HUSBAND OR WIFE: T. S. Gillespie

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: Carl Gillespie — ADDRESS: Albany, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis — 20 yrs +

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: 334 X
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): Albany, Gentry, 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* 1934, *to* 7-7-, 1954, *that I last saw the deceased alive on* 7-7-, 1954, *and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank H. Ross M.D.
23b. ADDRESS: Albany Mo.
23c. DATE SIGNED: 7-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/9/54
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Albany, Mo.

DATE REC'D BY LOCAL REG.: 7-10-54
REGISTRAR'S SIGNATURE: Lera Fox Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford Brooks — ADDRESS: Albany Mo

(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 me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.