

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19332**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbus</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>324 N. Florida</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>HARRIS</u> c. (Last) <u>GILLILAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Feb. 26, 1906</u>	9. AGE (In years last birthday) <u>48</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>warehouse man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ordinance Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Hugh Gilliland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Emma McChere</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Wilson Gilliland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>512-10-8619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Gilliland</u>	
				ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary failure due to</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>10 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary embolus</u>		
	DUE TO (c) <u>perforated gastric ulcer.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5401</u>			

19a. DATE OF OPERATION <u>6-15-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>perforated ulcer, inflammatory adhesions, fluid in abdomen.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-10-54, 1954, to 6-19-54, 1954, that I last saw the deceased alive on 6-19-54, 1954, and that death occurred at 7:04 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>V. D. Hinkle M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbus, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>6-24-54</u>	REGISTRAR'S SIGNATURE <u>Red S. Jasper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jordan Funeral Home</u>	ADDRESS <u>Columbus, Kan.</u>		

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

JUN 28 1951

RECEIVED JUN 28 1951
Jasper County Health Office
County File Number 54-649
Date Filed JUN 28 1951

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

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.