

FILED SEP 7 1954

347-101-1  
STANDARD CERTIFICATE OF DEATH

27289  
State File No. 3938

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JACKSON  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY HENRY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 9 days  
c. CITY OR TOWN CLINTON d. Is residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital X STREET ADDRESS (If rural, give location) 320 North 4th Street 0422

3. NAME OF DECEASED a. (First) Honor b. (Middle) O. c. (Last) Gillaspay 4. DATE OF DEATH (Month) (Day) (Year) August 13, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH February 28, 1891 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Oakley, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Cicero Gillaspay 13b. MOTHER'S MAIDEN NAME Emma (Unknown) 14. NAME OF HUSBAND OR WIFE Grace Gillaspay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K.C., Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute pulmonary edema INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Infarction of interventricular septum  
DUE TO (c) Thrombosis at the site of atheroma of left coronary artery  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION disease 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)

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 August 4, 1954, to August 13, 1954, and that death occurred at 9:41p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dortha Weybright, M.D. 23b. ADDRESS VAH, Kansas City, Missouri 23c. DATE SIGNED Aug 14 1954

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE Aug 18 1954 24c. NAME OF CEMETERY OR CREMATORY Englewood 24d. LOCATION (City, town, or county) (State) Clinton Mo.

DATE RECD BY LOCAL REG. 8-14-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wildbairn Funeral Home Clinton Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dortha Weybright M. D.

JUN 4 1961

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.