

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4334

State File No.

FILED MAR 8 1955

Registrar's No. 55-17

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Everton</u>		c. CITY OR TOWN <u>Everton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>years</u>		e. STREET ADDRESS (If rural, give location) <u>North Part Town 0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Part Town</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Gillaspay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 12-1875</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>16</u> IF UNDER 24 HRS: Hours <u>16</u> Min.
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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Gillaspay</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda Gillaspay</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Lost</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tarrant Gillaspay Everton Mo</u>	
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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>GASTRIC CARCINOMA</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>151 X</u>	
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 July 15, 1957, to Feb. 28, 1955, that I last saw the deceased alive on Feb 28, 1955, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Stegert Do</u>			23b. ADDRESS <u>Ash Grove Mo</u>		23c. DATE SIGNED <u>3/1/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ray Spring Cemetery Near Everton Mo.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>3-2-55</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Puch Ash Grove Mo</u>	
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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.....
Licensed Embalmer No. 385

P. O. Address Adh. Mrs.

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.