

FILED FEB 28 1955

STANDARD CERTIFICATE OF DEATH

4504  
State File No. 170

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <b>Greene</b> <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>		c. CITY OR TOWN <b>Strafford</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 days</b>		e. STREET ADDRESS (If rural, give location) <b>Route 2. 0390</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Solon</b> b. (Middle) <b>E.</b> c. (Last) <b>Gillespie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 19, 1955</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 2, 1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>On Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Commodore P. Gillespie</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Katherine Horn</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Gillespie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna Gillespie Springfield,</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		Mo. INTERVAL BETWEEN ONSET AND DEATH <b>1-2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
	DUE TO (c) <b>5705</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Intestinal obstruction</b>		<b>2 weeks</b>	

19a. DATE OF OPERATION <b>2-17-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction due to post-operative adhesion</b>		20. AUTOPSY? YES <input checked="" 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 **2-14**, 19**55**, to **2-19**, 19**55**, that I last saw the deceased alive on **2-19**, 19**55**, and that death occurred at **1:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas E. Ashby M.D.</b>		23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>2-21-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 21, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Danforth</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>2-23-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *L. Keeble Garmon*.....

Licensed Embalmer No. *3171*.....

P. O. Address *Springfield*.....

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.