

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7385

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1124</u>	c. CITY OR TOWN <u>Poplar Bluff</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 South B. St.</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Stanton</u> c. (Last) <u>Gilliam</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1885</u>
9. AGE (In years last birthday) <u>69</u>	10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) If UNDER 1 YEAR: Months <u>4</u> Days <u>29</u> If UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Tom Gilliam</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ralston</u>	14. NAME OF HUSBAND OR WIFE <u>Minerva Freer Gilliam</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Gilliam, Poplar Bluff, Mo.</u>
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* <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>2/5</u> , 19 <u>55</u> , to <u>3-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>55</u> , and that death occurred at <u>4:50</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Stolley M D</u>		23b. ADDRESS <u>Poplar Bluff MO</u>	
23c. DATE SIGNED <u>3/25/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u>
DATE REC'D BY LOCAL REG. <u>3/26/55</u>	REGISTRAR'S SIGNATURE <u>Frank Cotrell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>	

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

RECEIVED
MAR 28 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Wallace P. Knight*

Licensed Embalmer No. *451*

P. O. Address *412 Vine Poplar Bl*

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.