

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7929

State File No.

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5500 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. SW. Eagleville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Garland</u>	b. (Middle) <u>Donald</u>	c. (Last) <u>Gillespie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17, 1955</u>
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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 27, 1920</u>	9. AGE (In years last birthday) <u>34</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
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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>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISON Co, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ernest Gillespie</u>	13b. MOTHER'S MAIDEN NAME <u>Lola Mae Pollard</u>	14. NAME OF HUSBAND OR WIFE <u>GAYLE Gillespie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-14-5893</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Gillespie, Ridge way, MO</u>	ADDRESS: <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suicide</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>shot himself in forehead with</u>		
	DUE TO (c) <u>a .22 rifle bullet. He had been</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dead 36 hours when found by</u>			<u>E976 X</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>some of his neighbors</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Union Harrison, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 17 1955 ?</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>self inflicted gun-shot wound forehead</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Joseph J. Marshall D. C. 3 Harrison County Coroner</u>	22b. ADDRESS	22c. DATE SIGNED <u>3/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR 20, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ridge way, MO</u>
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DATE REC'D BY LOCAL REG. <u>3-26-55</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Boggs</u>	ADDRESS <u>Eagleville, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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
Student Embalmer

Signed Gerald W. Bogger

Licensed Embalmer No. 4762

P. O. Address Eaglehill, M

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.