

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9145

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski <i>0X50</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville <i>0</i>		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Rural Union
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Kirk	b. (Middle) Hanilton	c. (Last) Gillette	(Month) 3	(Day) 29	(Year) 1955
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <i>0</i>	8. DATE OF BIRTH 1/3/1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Superior Slepprite Corp.	11. BIRTHPLACE (City and State or Foreign Country) Fayetteville, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jake Gillette	13b. MOTHER'S MAIDEN NAME Susan McKinnon	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 320-03-2893	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lowell Collins, Dixon, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis with acute congestive failure.		
	ANTECEDENT CAUSES Morbid 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Mar 25, 1955, to March 29, 1955, that I last saw the deceased alive on March 29, 1955, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douley Gates, D.O.	23b. ADDRESS Dixon, Mo.	23c. DATE SIGNED 3-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/31/1955	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery
DATE REC'D BY LOCAL REG. 3-31-55		24d. LOCATION (City, town, or county) (State) Dixon, Missouri
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-8-55
File Number

Pulaski County Health Officer

RECEIVED

3-31-55

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 March 29 - 1955, Student Embalmer No. 234 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Paul D. Gillen
Licensed Embalmer No.....

P. O. Address Dixon, Missouri

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.