

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19542**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4379** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Pickering		c. LENGTH OF STAY (In this place) 15 yrs.	c. CITY OR TOWN Pickering
d. FULL NAME OF HOSPITAL OR INSTITUTION Own home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS none		(If rural, give location) 0740	

3. NAME OF DECEASED (Type or Print)	a. (First) CLYDE	b. (Middle)	c. (Last) GILLILLAND	4. DATE OF DEATH (Month) (Day) (Year) 6 19 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/20/66	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Tabor, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Gillilland	13b. MOTHER'S MAIDEN NAME Elizabeth Unknown	14. NAME OF HUSBAND OR WIFE Barbara Brown Gillilland
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clyde Gillilland	ADDRESS Pickering, Mo.
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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) Cerebral Vasculer Accident		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		
	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) 931X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 4, 1954**, to **June 19, 1955**, that I last saw the deceased alive on **May 29, 1955**, and that death occurred at **2 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Wempe (Degree or title)	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 6/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/21/55	24c. NAME OF CEMETERY OR CREMATORY Barnard	24d. LOCATION (City, town, or county) (State) Barnard, Missouri
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DATE REC'D BY LOCAL REG. 6-25-55	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John W. Price*.....

Licensed Embalmer No. *42*.....

P. O. Address *Maryville*.....

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.