

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19718

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>159</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 Diltz</u>				STREET ADDRESS (If rural, give location) <u>815 Diltz</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>F</u> c. (Last) <u>Gillispie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 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>Jan 6th 1975</u>		
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u>19</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Mach. Helper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R. R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Gillispie</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Walker</u>			14. NAME OF HUSBAND OR WIFE <u>Leona M.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>720-10-0875</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs C.F. Gillispie</u> ADDRESS <u>Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> 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. _____					INTERVAL BETWEEN ONSET AND DEATH <u>7 WK</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <u>Moberly Randolph MO</u>				
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 <u>June 18, 1955</u> , to <u>June 25, 1955</u> , that I last saw the deceased alive on <u>June 23, 1955</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Smith M.D.</u>				23b. ADDRESS <u>Moberly, MO</u>		23c. DATE SIGNED <u>6-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUY 101</u>		24b. DATE <u>6-27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, MO</u>		
DATE REC'D BY LOCAL REG. <u>6-27-55</u>		REGISTRAR'S SIGNATURE <u>Seabrook 269</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son Moberly Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank J. DeWitt*

Licensed Embalmer No. *307*

P. O. Address *Moberly*

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.