

FILED SEP 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32063

11320 4

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4647 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>North</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant city</u>		c. CITY OR TOWN <u>Grant City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 months</u>		e. STREET ADDRESS (If rural, give location) <u>1130</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Mary's Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>DAVID GILLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 6, 1863</u>
9. AGE (In years last birthday) <u>92</u>		10. AGE (In years last birthday) <u>92</u>	
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>self employed</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Gilland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shoemaker</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Gilland</u>		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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Wood</u> ADDRESS <u>Grant city, 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* (a) <u>Arteriosclerotic Cardiovascular Disease</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c) <u>4221</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe nonspecific dysentery</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>10 days</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)			
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?			
22. I hereby certify that I attended the deceased from <u>19 47</u> to <u>Sept 4</u> , 1955, that I last saw the deceased alive on <u>Sept 4</u> , 1955, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank B. Matteson, MD</u>		23b. ADDRESS <u>Grant City, Mo</u>	
23c. DATE SIGNED <u>9-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-6-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Witchell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant city - Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee</u>		ADDRESS <u>Grant City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15 1955</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</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..... *Bill A. Dunn*

Licensed Embalmer No..... *49*

P. O. Address..... *Grant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.