

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1113

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>N. MISSOURI NURSING HOME</u> <u>1029 DOUGLAS ST.</u>		e. STREET ADDRESS (If rural, give location) <u>621 1/2 12th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAM</u>	b. (Middle)	c. (Last) <u>Gill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1955</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>5-28-1882</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 6 HRS. Hours	12. IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>SAVANNAH, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Gill sr</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha BARNES</u>	14. NAME OF HUSBAND OR WIFE
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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>493-22-1778</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss John Patrick St. Joseph Mo</u> <u>621 1/2 12th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Cerebral Hemorrhages</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 mos.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u>		Unk.
	DUE TO (c) <u>33IX</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility and Senility</u>		

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) <u>1</u>
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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
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22. I hereby certify that I attended the deceased from 6/7, 1955, to 10/18, 1955, that I last saw the deceased alive on 10/17, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mundy</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>2801 Sacramento St.</u> <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>10/19/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 19, 1955</u>	REGISTRAR'S SIGNATURE <u>Kather M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>	ADDRESS <u>SAVANNAH MO</u>
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(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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Savannah*

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.