

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED NOV 9 1955

32387

State File No. \_\_\_\_\_  
Registrar's No. 576

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Broseley Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Broseley-Rural</b>	
c. LENGTH OF STAY (In this place) <b>8 Mos.</b>		d. STREET ADDRESS (If rural, give location) <b>Route one</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route one Asst. Hill Top</b>			

3. NAME OF DECEASED a. (First) <b>John</b> (Type or Print)			b. (Middle) <b>William</b>			c. (Last) <b>Gills</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 16, 1955</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>June 2, 1904</b>		
9. AGE (In years last birthday) <b>51</b>			10. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Tiptonville, Tennessee</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Rob Gills</b>			13b. MOTHER'S MAIDEN NAME <b>Annie Hayes</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Ford Gill</b>		
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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) <b>No X</b>		16. SOCIAL SECURITY NO. <b>408 26 2519</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mandy Spencer</b>		ADDRESS <b>Rt. 1 Broseley, Mo.</b>	
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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) <b>Bronchogenic Carcinoma of Lungs</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 Months</b>	
			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						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)	
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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 8/19, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/28, 1955, and that death occurred at 7 A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS <b>Barnes Hospital St. Louis, Missouri</b>			23c. DATE SIGNED <b>10/25/55</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 17, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brown's Chapel Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Broseley Mo. Rt. one</b>	
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DATE REC'D BY LOCAL REG. <b>10/27/55</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b>		ADDRESS <b>Funeral Home C'ville. Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
NOV 7 1955  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

NOV 8 5 1955

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 .....

Student Embalmer

Signed

*W. Dewey Fike*

Licensed Embalmer No.

4484

P. O. Address

*Caruthersville, Mo*

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 this body is not embalmed, fact should be so stated above.