

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33692**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>163</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Independence, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grain Valley, Mo. Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospt.</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles North West</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>W.</u> c. (Last) <u>Gillison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 19 55</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, ^o WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct. 30, 1875</u>			
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Buckner Mo</u>			
				12. CITIZEN OF WHAT COUNTRY? <u>usa</u>					
13a. FATHER'S NAME <u>Samuel Gillison</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Duncan</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Williams Grain Valley 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture right hip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9040</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days</u> <u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>100 (COUNTY)</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? <u>9040</u>					
22. I hereby certify that I attended the deceased from <u>9-7-</u> <u>19 55</u> to <u>9-18-</u> <u>1955</u> , that I last saw the deceased alive on <u>9-18-</u> <u>19 55</u> , and that death occurred at <u>7:10</u> <u>a.</u> <u>m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. C. Gilber M.D.</u>				23b. ADDRESS <u>R. G. Gilber</u>		23c. DATE SIGNED <u>9-22-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lobb Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D Blue Springs Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-26-55</u>		REGISTRAR'S SIGNATURE <u>N. S. Longford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Blue Springs Mo</u>					

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
Student Embalmer

Signed RB Webb

Licensed Embalmer No. 2057

P. O. Address Blue Springs

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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