

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5243**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri COUNTY Jackson	
b. CITY OR TOWN Indep.		c. CITY OR TOWN Indep.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) John Putnam Gillespie		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sheet Metal		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 84
11a. FATHER'S NAME Robert C. Gillespie		11b. MOTHER'S MAIDEN NAME Emma Handley	11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co, Mo.
12a. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		13b. SOCIAL SECURITY NO. 49609-0507A	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		14. INFORMANT'S SIGNATURE OR NAME Hattie Gillespie ADDRESS Indep, Mo	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver		INTERVAL BETWEEN ONSET AND DEATH probably 2 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity 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 Had primary carcinoma of the pancreas which caused the cirrhosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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?		21. DATE SIGNED 2-24-56	
22. I hereby certify that I attended the deceased from Jan 23, 1956 , to Feb 23, 1956 , that I last saw the deceased alive on 2-22- , 19 56 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) W. Allen M.D.	
23b. ADDRESS Independence Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 25-56	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) Oak Grove Mo	
DATE REC'D BY LOCAL REG 2-25-56		REGISTRAR'S SIGNATURE R. M. [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Ed + Mitchell		ADDRESS Indep Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 5 1954

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 *Jason White*.....

Licensed Embalmer No. *495*
P. O. Address *Indef.*

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.