

No. 300
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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12571

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 245

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|---|--|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. LENGTH OF STAY (In this place) 19 days | c. CITY OR TOWN Cape Girardeau |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 343 North Ellis Street | | 016% | |

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| 3. NAME OF DECEASED (Type or Print) KATHLEEN | a. (First) | b. (Middle) I. | c. (Last) GILLARD | 4. DATE OF DEATH (Month) (Day) (Year) April 9, 1956 |
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|-------------------------|----------------------------------|--|---|--|------------------------------|--------------------------------|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH October 12, 1889 | 9. AGE (In years last birthday) 66 | 10. UNDER 1 YEAR 5 | 11. UNDER 14 HRS. 27 | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, ret. | 10b. KIND OF BUSINESS OR INDUSTRY College | 11. BIRTHPLACE (City and State or Foreign Country) Alpena, Michigan | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME John M. Gillard | 13b. MOTHER'S MAIDEN NAME Reginia Kellner | 14. NAME OF HUSBAND OR WIFE None |
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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) No | 16. SOCIAL SECURITY NO. 440-32-5248 | 17. INFORMANT'S SIGNATURE OR NAME Daniel K. Gillard | ADDRESS Alpena, Michigan |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Surgeon for the prostatic of ant. vesical bladder DUE TO (c) fol. Ca Bladder 181X | | INTERVAL BETWEEN ONSET AND DEATH 4-6-56 3-30-56 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 4-3-56 4-4-56 | 19b. MAJOR FINDINGS OF OPERATION: 1. Carcinoma Bladder 2. Intestinal obstruction | 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) m. | 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 **6-1, 1953** to **4-9, 1956** that I last saw the deceased alive on **4-9, 1956** and that death occurred at **10** m. from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> | (Degree or title) _____ | 23b. ADDRESS W. Cape Girardeau | 23c. DATE SIGNED 4-16-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE April 10, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Alpena Cemetery | 24d. LOCATION (City, town, or county) (State) Alpena, Michigan |
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| DATE REC'D BY LOCAL REG. 4-24-56 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | ADDRESS Walters Funeral Home - Cape Gir. Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

4-0

1951 & NOV

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 *Virgil H. Helch*.....

Licensed Embalmer No. *4110*.....

P. O. Address *Cape Sable*.....

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