

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13650**

FILED MAY 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Jackson</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) <u>Buckner</u>		c. LENGTH OF STAY (In this place) <u>27 years</u>	c. CITY OR TOWN <u>Buckner</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		e. STREET ADDRESS (If rural, give location) <u>7000</u>	

3. NAME OF DECEASED a. (First) <u>Oscar</u> b. (Middle) <u>Gillison</u> c. (Last) <u>Gillison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 16, 1972</u>		9. AGE (In years last birthday) <u>83</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - grading contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>grading contractor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vincennes, Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Gillison</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Gillison</u>
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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>497-14-0931</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ursula Pavola, 522 Northern, K. C.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>chronic asthma</u>		
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) <u>Buckner Jackson Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 9-8, 1955, to 9-26, 1956, that I last saw the deceased alive on 9-26, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John T. Heisler D.O. Buckner, Mo</u>	23b. ADDRESS <u>9-27-56</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, rural, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-29-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wendell H. Reppert Buckner, 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 *Ralph C. Jones*.....  
Licensed Embalmer No. *460*.....  
P. O. Address *Olney, Ill.*.....

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.