

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15922

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4159</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pattonburg</u>		c. LENGTH OF STAY (in this place) <u>21 Yrs</u>		c. CITY OR TOWN <u>Pattonburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ---				f. STREET ADDRESS (If rural, give location) <u>0210</u>			
3. NAME OF DECEASED (Type or Print) <u>Clarice May Gilleland</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		8. DATE OF BIRTH <u>August 24, 1894</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <u>61</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Riverton, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>William S. Abbott</u>		13b. MOTHER'S MAIDEN NAME <u>Anna May Curbly</u>		14. NAME OF HUSBAND OR WIFE <u>Sigle Anderson Gilleland</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sigle A. Gilleland, Pattonburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Breast</u> <u>Left Lung</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>4-20</u> , 19 <u>55</u> , to <u>5-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-9</u> , 19 <u>56</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John F. Parker, M.D.</u>				23b. ADDRESS <u>Pattonburg Mo</u>		23c. DATE SIGNED <u>5/10/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-15-56</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucia Sweet</u>		ADDRESS <u>Pattonburg, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Louis Quest

Licensed Embalmer No. *400*

P. O. Address *Patton*

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.