

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23500**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		c. CITY OR TOWN <u>Deepwater</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>0920</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Thomas</u>	b. (Middle) <u>Ervin</u>	c. (Last) <u>Gillispie</u>	(Month) <u>July</u>	(Day) <u>30</u>	(Year) <u>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>Jan 1st 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Mack Gillispie</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Deepwater Vivian Gillispie Mo</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>496,09,1007</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Vivian Gillispie Deepwater Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7-4-56</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralysis.</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Hypertension.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>334X</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? _____

22. I hereby certify that I attended the deceased from 7-4-56, 1956, to 7-30-56, 1956, that I last saw the deceased alive on 7-30-56, 1956, and that death occurred at 1:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DCR Townsend</u>	23b. ADDRESS <u>Deepwater, Mo.</u>	23c. DATE SIGNED <u>7-30-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 1st 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
DATE REC'D BY LOCAL REG. <u>7-1-56</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>
REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hurst-Janssens Funeral Home Deepwater MO</u>

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

Oct 25 1958

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

Melvin L. Janssens

Licensed Embalmer No. 450

P. O. Address *Appleton*

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.