

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38587**

**FILED NOV 19 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 96

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>5 Weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospt.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twns.</u> d. STREET ADDRESS (If rural, give location) <u>1 Mi. North of Bates City</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Cora</u>	b. (Middle) <u>Edna</u>	c. (Last) <u>Gillespie</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 10, 1956</u>
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<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>May 5, 1880</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months Days	if UNDER 4 Hrs. Hours Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>0</u> <u>Near Bates City, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>George W. Hutchison</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Ann Dillingham</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry F. Gillespie</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Henry F. Gillespie, Bates City, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 hrs.</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypostatic Pneumonia</u>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>Cerebral embolus</u>		
DUE TO (c) <u>Hemiplegia Left</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Endocarditis chr.</u>		

<b>19a. DATE OF OPERATION</b> <u>04/23/57</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Inguinal Hernia</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>
<b>21g. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 10-23-1956, **to** 11-10-1956, **that I last saw the deceased alive on** 11-10-1956, **and that death occurred at** 0404 m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Edna Gibson M.D.</u>	<b>23b. ADDRESS</b> <u>Odessa, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11-10-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 12, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bates City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bates City, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-16-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Marion E. Caldwell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Husman Sparks, Odessa, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECORD - MAKE A PERMANENT RECORD - USING BLACK INK - UNFADING

DEC 11 1956  
M.C. 4 1956  
S. L. J. 1956

MS FEB 24 1961

**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. ~~4431~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. T. Sparks.

Licensed Embalmer No. 4431

P. O. Address Osessa,

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 this body is not embalmed, fact should be so stated above.