

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44585

STATE FILE NUMBER

FILED DEC 19 1956

Registration District No. 366 Primary Registration District No. 6240 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Harmony</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) length of stay in lb HOSPITAL OR INSTITUTION <u>Awake no ill of life</u>			d. STREET ADDRESS (If outside, give location) <u>Awake</u>		
3. NAME OF DECEASED (Type or print) First <u>Zina</u> Middle <u>Jane</u> Last <u>Gilliam</u>			4. DATE OF DEATH <u>Dec. 4 1956</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 28 1858</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</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>own home</u>		11. BIRTHPLACE (City and state or country) <u>Mon Co. Mo.</u>	
13. FATHER'S NAME <u>John Bryan</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Tennison</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>-</u>		17. INFORMANT <u>Ellis H. Gilliam Peter R-2 Mo</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <u>Arteriosclerotic Cardio-Vascular-renal disease with Hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with Hypostatic pneumonia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1946</u> to <u>Dec 4 1956</u> and last saw her/him alive on <u>Nov. 26 '56</u> Death occurred at <u>3:00 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John W. Hewitt, M.D.</u>			22b. ADDRESS <u>Leadwood Mo</u>		22c. DATE SIGNED <u>12/6/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Joseph Chapel Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Miss Luther Sparks Peterson</u>		25. DATE REGD. BY LOCAL REG. <u>12/17/56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert Rudall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

RECEIVED

DEC 18 1956

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Murphy L. Sparks*.....

Licensed Embalmer No. *423*.....

P. O. Address *W. L. R. R.*.....

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