FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3607

Registration District No. 1 Primary Registration District No. 5009 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WILSON TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MI. S. GIBBS Length of stay in Hospital 13 HRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ADAIR
c. CITY OR TOWN GIBBS RFD COLO Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) MI. S. GIBBS Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARGARET Middle CECILIA Last LLEWELLYN
4. DATE OF DEATH Month FEB. Day 7 Year 1957
5. SEX F
6. COLOR OR RACE W 1
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH JULY 12 1874
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (City and state or country) MACON CO. MO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BENEDICT SMITH
14. MOTHER'S MAIDEN NAME ANNA (UNKNOWN)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Address MRS. CLAUDE THOMPSON LAPLATA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c) Arterio-sclerosis — 15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 23, 1950 to Feb. 7, 1957 and last saw her/him alive on Feb. 6, 1957
Death occurred at 8:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Eugene Gillet (Degree or title) DO
22b. ADDRESS La Plata Mo
22c. DATE SIGNED 2/9/1957

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 10 1957
23c. NAME OF CEMETERY OR CREMATORY NOVINGER
23d. LOCATION (City, town, or county) NOVINGER (State) MISSOURI

24. FUNERAL DIRECTOR Geo B. Easley Jr. ADDRESS Hurdland Mo
25. DATE RECD. BY LOCAL REG. 2-12-1957
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. B. Easley Jr.

Licensed Embalmer No. 375

P. O. Address Hurlank

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.