

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12893**

FILED MAY - 9 1957

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ridgeway - Burn Home</u>		d. STREET ADDRESS (If rural, give location) <u>410</u>	

3. NAME OF DECEASED (Type or Print) <u>Earnest James Gillespie</u>	(First) _____ (Middle) _____ (Last) _____	4. DATE OF DEATH <u>5-6-57</u>
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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>1-7-1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Month <u>3</u> Day <u>28</u>	IF UNDER 12 HRS. Hour _____ Min. _____
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10. 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>Robert James Harrison Co Mo</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>James Gillespie</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Galley</u>	14. NAME OF HUSBAND OR WIFE <u>Lala Gillespie</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you know it or dates of service) <u>487-14-5448</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Gillespie Ridgeway Mo</u>	ADDRESS <u>Ridgeway Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u>		<u>1 yr</u>
	DUE TO (c) <u>Hypertensive Heart Disease</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-Vascular-Renal Disease</u>		<u>15 yrs.</u>	

19a. DATE OF OPERATION -- --	19b. MAJOR FINDINGS OF OPERATION -----	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-- -- --</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----
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22. I hereby certify that I attended the deceased from 3/24, 1952, to 5/6, 1957, that I last saw the deceased alive on 3/1/57, 1957, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernice M. D.O.,</u>	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED <u>5/7/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 7 1957</u>	REGISTRAR'S SIGNATURE <u>Lela Brewer</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Robert W. Boggs</u>	ADDRESS <u>Ridgeway Mo</u>
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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
Student Embalmer

Signed Robert R. Rogers
Licensed Embalmer No. 3576

P. O. Address Ridgeway Mo

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.