

Health, & Welfare
Public
Service

FILED MAY 20 1957

CERTIFICATE OF DEATH

16227
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 528

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		Length of stay in 1b 21 months	d. STREET ADDRESS 1204 No. 3rd (If outside give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle ELMER Last GILLENWATER			4. DATE OF DEATH Month Day Year May 10, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1894	9. AGE (In years last birthday) 62	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) Broom salesman		10b. KIND OF BUSINESS OR INDUSTRY Blindcraft	11. BIRTHPLACE (City and state or country) Holt Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME King David Gillenwater			14. MOTHER'S MAIDEN NAME Margaret Craig		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 591-42-1179	17. INFORMANT Mrs. John Gillenwater Address 1204 No. 3rd St. Joseph, Mo.		

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>Severe surgical intractable shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>multiple pelvic fractures</u>	<u>8 1/2 hours</u>
	DUE TO (c) <u>acute renal shutdown</u>	<u>25 10 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>acute gastric dilatation</u>		<u>18 hours</u>
<u>Blindness (bilateral & total) 20 yrs. Lacrimation bad</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Patient hit by a car while crossing a street.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>7 a. m. 4 May 9 1957</u>	<u>was on way to work.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Street 3rd & Seabelle</u>	20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Buchanan Mo.</u>
21. I attended the deceased from <u>5-9-57</u> to <u>5-10-57</u> and last saw <input checked="" type="checkbox"/> alive on <u>5-9-57</u> Death occurred at <u>3:02 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Thompson Potter</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>731 Farson St. St. Joseph, 54, Mo.</u>	22c. DATE SIGNED <u>5-11-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 13, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oregon, Missouri</u>
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24. FUNERAL DIRECTOR <u>James H. Pettigrew</u> Address <u>Oregon, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>May 15, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
1-56

All symptoms will be listed. All 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

MEDICAL CERTIFICATION

MAY 31 1957
JUN 3 1957

VS
DEC 20 1950

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 *James H. Pettigrew*

Licensed Embalmer No. 3192

P. O. Address *Oregon*

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.