

Health, Welfare, Public Service

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 1 0 7 0
STATE FILE NUMBER 3035

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Newberry Rest Home INSTITUTION 3215 Campbell		d. STREET ADDRESS (If outside, give location) 3315 Gillham Rd.	
Length of stay in lb 53 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GEORGE A GILLAM			4. DATE OF DEATH Month Day Year June 30 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 Feb. 28, 1877	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY K. C. Terminal RR Perry, Mo.		11. BIRTHPLACE (City and state or country) Perry, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gillam		13b. MOTHER'S MAIDEN NAME Sarah (Unknown)	
14. NAME OF HUSBAND OR WIFE Daisy A. Gillam		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. 703-03-9376	
17. INFORMANT Daisy A. Gillam, 3315 Gillham Rd.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 4200	

18. CAUSE OF DEATH (continued) DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Month, Day, Year a.m. p.m.		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>4/6/56</u> to <u>6/30/57</u> and last saw him alive on <u>5/30/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>J. W. Young M.D.</i>		22b. ADDRESS 1401 S. W. Blvd		22c. DATE SIGNED 7/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-1957		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or County) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody McGilley Eylar, Kan City, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-57		26. REGISTRAR'S SIGNATURE <i>Neval Marshall</i>			

1800 E. Linwood, K. C., Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. W. Young

All diseases in Part I must be causally related.



Dr J W Young (on record)
↓
1401 SW Blvd. Jo-2-0
Kansas

1:30 - 5 PM

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

Licensed Embalmer No.
P. O. Address

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.