Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32657
STATE FILE NUMBER

FILED SEP 23 1957 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 355

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal, Missouri. Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): StElizabeth Hospital. Length of stay in 1b: 6Dys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ralls,
c. CITY OR TOWN: Perry, Missouri 0810 Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Perry, Mo. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ETTE Middle J Last GILLIAM.

4. DATE OF DEATH Month Day Year: Aug 5, 1957.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Dec 13, 1876

9. AGE (In years last birthday): 80 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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Willimanton, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Tenney.

14. MOTHER'S MAIDEN NAME: Mary Clinton.

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.: None

17. INFORMANT: Farnces Leonard. Address: Perry, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteria Sclerotic Heart Disease — ?
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Aug 29-57 to Sept 5-57 and last saw her/him alive on 9-5-57
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: Hannibal, Missouri.

22c. DATE SIGNED: 9-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-7-1957

23c. NAME OF CEMETERY OR CREMATORY: ST Paul Cemetery

23d. LOCATION (City, town, or county) (State): Ralls County, Mo.

24. FUNERAL DIRECTOR: Clyde C. Wiesey ADDRESS: Perry, Mo.

25. DATE RECD. BY LOCAL REG.: 9-16-57

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED SEP 19 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 19 1957

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.....

x working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Clyde C. Willey

Licensed Embalmer No. 3

P. O. Address Perry, Mo

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.