

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009950

STATE FILE NUMBER 1040

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3168

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-57

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. #2		Length of stay in lb 7 mos.		d. STREET ADDRESS (If outside, give location) 1305 Troost		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Julius		Middle		Last Gillard		Month Day Year Feb. 25, 1958	
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/2/1909	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Emanuel County, Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Francis Gillard				13b. MOTHER'S MAIDEN NAME Annie Bizzle		14. NAME OF HUSBAND OR WIFE none	
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. 55-09-1142		17. INFORMANT Gertrude Underwood, Macon, Ga. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1st & 2nd Degree Burns of Anal & Genital Regions also both Gluteal Regions & Both Lower Extremities as far as Knees Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
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.) Don't Know					
20c. TIME OF INJURY Hour Month, Day, Year 7:30 a.m. 2/7/1958		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office) Tonganoxie, Kansas					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office) Tonganoxie, Kansas		20f. CITY, TOWN, OR LOCATION Tonganoxie, Douglas, Kansas.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 2/25/58	
23a. BURIAL (CREMATION) REMOVAL (Specify) Removal		23b. DATE 2/26/58		23c. NAME OF CEMETERY OR CREMATORY Saint Rest Cemetery		23d. LOCATION (City, town, or county) (State) Macon, Ga.	
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.				25. DATE RECD. BY LOCAL REG. 2-26-58		26. REGISTRAR'S SIGNATURE Irene Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

MEDICAL CERTIFICATION

W 2 69 24

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 Consuelo A. Galvez B.

Licensed Embalmer No. 4944

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.