

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028801

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 777B

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Vernon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp 5 da		Length of stay in 1b	d. STREET ADDRESS General Delivery		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAY Middle F. Last GILLINGHAM			4. DATE OF DEATH Month August Day 5 Year 1958		
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 May 29, 1895	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law Officer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mt. Vernon, Missouri	
13. FATHER'S NAME John Gillingham			14. MOTHER'S MAIDEN NAME Eliza Soloman Wife: Vesta Gillingham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs Vesta Higgs Gillingham, Mt. Vernon, 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) Traumatic pericarditis with Hemo pericardium DUE TO (b) DUE TO (c) Patient also had lower nephrone block, crushed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) syndrome-Uraemia					INTERVAL BETWEEN ONSET AND DEATH Few Days
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.) About a wk before entering Hospital			
20c. TIME OF INJURY Hour 8-1-58 Month July Day 1958		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) unknown			
20e. CITY, TOWN, OR LOCATION Near Mt. Vernon, Missouri		20f. COUNTY STATE			
21. I attended the deceased from 8-1-58 to 8-5-58 and last saw her/him alive on 8-4-58 Death occurred a 8-5-58 early morning on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Walter S. Fossett</i> (Degree or title)			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE August 8, 1958	23c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		23d. LOCATION (City, town, or county) (State) Mt. Vernon, Missouri	
24. FUNERAL DIRECTOR H. D. Fossett		ADDRESS Mt Vernon, Mo		25. DATE RECD. BY LOCAL REG. 8-20-58	26. REGISTRY BOARD'S SIGNATURE <i>Effie G. Mellon</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 17 1958

SEP 5 1961

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.....
working under my personal supervision.

Student William Stantell
Signature of Student Embalmer

Signed H. W. Lovett

Licensed Embalmer No. 22

P. O. Address W. V. S. M.

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.