

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030040  
STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 30

**FILED SEP 2 1958**

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuivre</u>		c. CITY OR TOWN <u>6920</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North 2 Miles of Flint Hill</u>		d. STREET ADDRESS (If outside, give location) <u>6 Yr. 2mi. North of Flint Hill MO.</u>	

3. NAME OF DECEASED (Type or print) First <u>EUGENE</u> Middle <u>PENDLETON</u> Last <u>GILL</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 21, 1882</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>22</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>St. Charles MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.H. Gill</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Mary Gill</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>490-20-2965</u>	17. INFORMANT <u>Minnie Teasley</u> Address: <u>9404 Snow Road Cleveland Ohio</u>		

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>Hemorrhage in Prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Diabitis</u>			<u>10 years</u>
	DUE TO (c) <u>Malignancy Prostate</u>			<u>1 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>none</u>			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 <u>10:00</u> Month, Day, Year <u>Aug 13 1958</u> a.m. <u>00</u> p.m. <u>00</u>	

20d. INJURY OCCURRED WHILE AT <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 <u>Troy MO.</u>	COUNTY <u>Troy MO.</u>	STATE <u>MO.</u>
21. I attended the deceased from <u>August 12, 1958</u> to <u>August 13</u> and last saw her/him alive on <u>August 12, 1958</u> Death occurred at <u>10:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Quade A. Brown</u> (Degree or title)		22b. ADDRESS <u>177X</u>		22c. DATE SIGNED <u>8-13-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Troy MO.</u>
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24. FUNERAL DIRECTOR <u>D.W. McBoys</u>	ADDRESS <u>Troy MO</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 19 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mark F. Hoff</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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1-57  
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MS OCT 21 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 me....., Student Embalmer No. ~~2978~~ working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Clarence A Jones.....  
Licensed Embalmer No. 2978.....

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.