

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
042

58-043297
STATE FILE NUMBER

88925-58
FILED JAN 5 1959 Registration District No. Primary Registration District No. 1000 Registrar's No. 1378

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PLATTSBURG Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. METH. HOSP Length of stay in 1b 10 MIN		d. STREET ADDRESS (If outside, give location) UNKNOWN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last VENITA JEAN Gilliland			4. DATE OF DEATH Month Day Year DEC 13 1958
5. SEX FEMALE	6. COLOR OR RACE WHT	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 13 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MO.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME William E. Gilliland	
13b. MOTHER'S MAIDEN NAME SHIRLEY WRIGHT		14. NAME OF HUSBAND OR WIFE N/A	
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 William E. Gilliland Address PLATTSBURG, 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) Multiple, severe congenital anomalies including meningocele, malformed head, bilateral cleft palate, polycystic kidneys, extra fingers & toes, etc. Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 751X			INTERVAL BETWEEN ONSET AND DEATH - 30 mins
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 _____ 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 12-13-58 to 12-13-58 and last saw her alive on 12-13-58 Death occurred at 10:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE PD Luckenbill MD (Degree or title)		22b. ADDRESS Plattsburg, Mo.	
22c. DATE SIGNED 12-22-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-13-58	23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE	23d. LOCATION (City, town, or county) (State) STANBERRY Mo.
24. FUNERAL DIRECTOR Johnson Funeral Home ADDRESS STANBERRY, MO.		25. DATE RECD. BY LOCAL REG. Dec 28 1958	26. REGISTRAR'S SIGNATURE Mar. Clark Goodell

All diseases in Part I must be causally related.
Dr. P. T. Luckenbill

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ross Ewan Johnson*

Licensed Embalmer No. *4948*

P. O. Address *Stanbery*

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.