

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19-000758
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 098 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Davies				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Juanita's Rest Home				Length of stay in lb 5 wks		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle HENRY Last GILLESPIE				4. DATE OF DEATH 1/20/1959 Month 1 Day 20 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/29/1881		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Breckenridge, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Frank Gillespie				14. MOTHER'S MAIDEN NAME Barbara Spriggs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.		17. INFORMANT Address Olen Woolsey, Breckenridge, Mo.			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac vascular renal disease						INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral leaf, Cardiac Enlargement						6 months		
	DUE TO (c) Senile dementia						1 1/2 yrs		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 442x								
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 4:00 Month, Day, Year a. m. 1/20/59 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 Dec 1/58 to 1/20/59 and last saw her/him alive on 1/20/59 Death occurred at 5:00 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. Bailey (Degree or title)				22b. ADDRESS Gallatin Mo			22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/23/1959	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Breckenridge, Mo.				
24. FUNERAL DIRECTOR Michael Funeral Home, Breckenridge Mo				ADDRESS 1-13-59		25. DATE RECD. BY LOCAL REG.			26. REGISTRAR'S SIGNATURE Megum Engelbert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Geneb. Michael.*

Licensed Embalmer No. *4*

P. O. Address *Braymo*

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.