

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022169

FILED JUN 25 1959 Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER Registrar's No. 175

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1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>ILL.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>New Canton Hannibal</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Elizabeth.</u>		Length of stay in lb <u>10 days</u> d. STREET ADDRESS <u>1128</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Susie</u> Middle <u>L</u> Last <u>Gill</u>			4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1959</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 21 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wen home</u>	11. BIRTHPLACE (City and state or country) <u>New Canton Ill</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Wiley Gill</u>	13b. MOTHER'S MAIDEN NAME <u>Loulice Fisher</u>	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>343-14-1111</u>	17. INFORMANT <u>Ray M. Gill</u> Address <u>New Canton Ill</u>
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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>Cornary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial hypertrophy severe</u>	<u>10 years</u>
	DUE TO (c) <u>Recompensation with dyspnea and edema</u>	<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>H201</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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <u>Jan/1/59</u> to <u>6/14/59</u> and last saw her alive on <u>6/14/59</u> Death occurred at <u>6</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Name or title)	22b. ADDRESS <u>Hull, Illinois</u>	22c. DATE SIGNED <u>6/16/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 16 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shearer</u>	23d. LOCATION (City, town, or county) (State) <u>New Canton Ill</u>
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24. FUNERAL DIRECTOR <u>BARNES-SEELEY HOME</u> ADDRESS <u>BARRY, ILLINOIS</u>	25. DATE RECD. BY LOCAL REG. <u>6-15-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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

Licensed Embalmer No.....

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.