

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027840

FILED VS JUL 29 1959

Registration District No. 240 Primary Registration District No. 4503 Registrar's No. 69

STATE FILE NUMBER

IDED

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|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie | | Length of stay in 1b Years: _____ | c. CITY OR TOWN Bernie | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) North part of town | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Ernest Middle Jerrold Last Gillim | | | 4. DATE OF DEATH Month July Day 15 Year 1959 | | | |
| 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 6-9-1880 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during 1 year of life, even if retired) Retired barber | | 10b. KIND OF BUSINESS OR INDUSTRY barber | 11. BIRTHPLACE (City and state or country) Kentucky | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME John Gillim | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Mrs. Lula Gillim | | |
| 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 Mrs. Lula Gillim | Address Bernie, 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) Ruptured Aneurysm on Aorta | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis | | | | | 10-12 yrs | |
| DUE TO (c) Aging Processes | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 _____ Month, Day, Year _____ | | | | | | |
| 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 Oct. 1958 , to 7-18-59 and last saw ^{her} him alive on 7-18-59 Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) J.A. McCormack, D.O. | | | 22b. ADDRESS BD482 BERNIE, MO. | | 22c. DATE SIGNED 7-21-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 7-18-59 | 23c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery | 23d. LOCATION (City, town, or county) Bernie, Mo. | | | |
| 24. FUNERAL DIRECTOR Wirtie Rainey Funeral Home | ADDRESS Bernie, Mo. | 25. DATE RECD. BY LOCAL REG. 7-21-59 | 25. REGISTRAR'S SIGNATURE Welma V. Jenkins | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Raymond L. Duff

Licensed Embalmer No. 4790

P. O. Address Berne,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.