

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028298

FILED VS AUG 27 1959

43

3007

385

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Butler		a. STATE Missouri		b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 7 Yrs.		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1420 N. Main St.	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First George	Middle Gilliard	Last Gilliard	Month August	Day 17	Year 1959

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/28/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 3 Days 19	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (City and state or country) Colleret N. France	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME Armand Gilliard	13b. MOTHER'S MAIDEN NAME Euphenia	14. NAME OF HUSBAND OR WIFE Mrs. Plina Gilliard
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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) NO	16. SOCIAL SECURITY NO. 433-10-9050	17. INFORMANT Mrs. Alex Crain, Poplar Bluff, Mo
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cardiac Decompensation</i>		<i>2 days</i>
DUE TO (b) <i>Heart Block</i>		<i>1 year</i>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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 _____ a.m. _____ p.m. 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 _____
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21. I attended the deceased from <i>1958</i> to <i>17 Aug 1959</i> and last saw ^{her} him alive on <i>17 Aug 59</i> Death occurred at <i>1:30 A. M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>C. F. Brooker MD</i> (Degree or title)	22b. ADDRESS <i>321 Oak Poplar Bluff Mo</i>	22c. DATE SIGNED <i>5/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Thayer	23d. LOCATION (City, town, or county) (State) Thayer, Missouri.
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24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo	25. DATE FILED BY LOCAL REG. <i>8/22/59</i>	26. REGISTRAR'S SIGNATURE <i>R. H. Mettee</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 SEP 1

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 Edgar W. Laffo
Licensed Embalmer No. 339

P. O. Address Poplar Bluff

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.