

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029592

FILED VS AUG 17 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 110

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 2 days	c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ross Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 222 W. Culton St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle William Last Gilliland			4. DATE OF DEATH Month August Day 13 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 3/23/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
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) Johnson Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George Gilliland		13b. MOTHER'S MAIDEN NAME Lucile Wilcox		14. NAME OF HUSBAND OR WIFE Levara Snow Gilliland	
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. 500-20-8007		17. INFORMANT Address Warrensburg Missouri Mrs Levara Gilliland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis					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) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 _____ 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 August 4, 1959 to August 13, 1959 and last saw him alive on August 13, 1959 . 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) M.D.			22b. ADDRESS Warrensburg, Missouri		22c. DATE SIGNED 8-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/15/1959	23c. NAME OF CEMETERY OR CREMATORY Woods Chapel		23d. LOCATION (City, town, or county) Johnson Co., Missouri	
24. FUNERAL DIRECTOR A.D. Hartzler ADDRESS East Lynne, Missouri		25. DATE RECD. BY LOCAL REG. Aug. 14, 1959		26. REGISTRAR'S SIGNATURE Savannah C. Cuthfield	

DOCUMENT

C. S. Johnson, Medical Certification

BY AFFIDAVIT OF

AUG 13 1957

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrens

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.