

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031445

STATE FILE NUMBER

FILED VS SEP 21 1959 38

Registration District No. \_\_\_\_\_ Primary Registration District No. 3006 Registrar's No. 433

ENDED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 s. 9th. st.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 400 s. 9th. st.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JULIA Middle FRANCES Last GILLASPIE				4. DATE OF DEATH Month 9 Day 13 Year 1959				
5. SEX Female	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 6-24-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Boone County Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James W. Proctor			13b. MOTHER'S MAIDEN NAME Sarah Margaret Jefferson			14. NAME OF HUSBAND OR WIFE John Estes Gillaspie		
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. ---		17. INFORMANT Address Roscoe Gillaspie Kansas City, 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) <u>Arteriosclerotic Heart Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Generalized</u>							<u>unknown</u>	
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 checked="" 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 _____ 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
21. I attended the deceased from <u>8-15-59</u> to <u>9-13-59</u> and last saw her <u>live</u> on <u>2-17-58</u> Death occurred at <u>7:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <u>Charles M. Jamke, M.D.</u>				22b. ADDRESS <u>Columbia, Missouri</u>			22c. DATE SIGNED <u>9-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-15-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia, Cemetery</u>		23d. LOCATION (City, town, or county) <u>Columbia, Missouri</u>		(State)		
24. FUNERAL DIRECTOR <u>Parkers Funeral Service Columbia, Mo.</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Sept. 15, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 30 1959

Ms OCT 1 1959

**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. W. Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Columbia, S.C.*

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.