JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-032999

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 230

ENDED

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b 8 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller's Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Mooresville Twp. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4½ Mi. S.E. of Mooresville — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LOU Middle ELLEN Last GILLILAND

4. DATE OF DEATH Month August Day 28 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-4-1874
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Tazwell County, Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Shadrack Wallis
13b. MOTHER'S MAIDEN NAME Rebecca Ann Barnett
14. NAME OF HUSBAND OR WIFE Robert H. Gilliland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Mrs. Charles Sidden; Mooresville, Mo

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)	Acute Myocardial Failure	4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Toxemia	2 wks.
DUE TO (c)	Terminal Gangrene Rt Foot	1 yr.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-20-59, to 8-28-59 and last saw her alive on 8-27-59
Death occurred at Two; Fifteen Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Mathews DO
22b. ADDRESS Chillicothe, Missouri
22c. DATE SIGNED 9-1 59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-30-59
23c. NAME OF CEMETERY OR CREMATORY Monroe Cemetery
23d. LOCATION (City, town, or county) (State) Ludlow, Livingston, Mo.

24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. 9-1-59
26. REGISTRAR'S SIGNATURE Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed Elton F. Norman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, M

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