

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005785

FILED VS MAR 8 1960 120

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

NDEB

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gentry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Length of stay in lb 3 days		c. CITY OR TOWN Darlington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BERNICE MAE GILLESPIE				4. DATE OF DEATH Month Day Year March 5, 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May-1-01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Gentry Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William Marshall			13b. MOTHER'S MAIDEN NAME Addie Alvin		14. NAME OF HUSBAND OR WIFE Homer Gillespie		
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 Address Mr Homer Gillespie, Darlington, 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>Cancer of breast</u> DUE TO (b) <u>liver metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>3 mos.</u>	
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 checked="" 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 Albany, Gentry, Mo.		COUNTY STATE	
21. I attended the deceased from <u>3-5-60</u> to <u>3-5-60</u> and last saw her <sup>her</sup> <sub>being</sub> alive on <u>3-5-60</u> Death occurred at <u>3:13 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank H. Rose, M.D.				22b. ADDRESS Albany, Mo.			22c. DATE SIGNED 3-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE March 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Rouse		23d. LOCATION (City, town, or county) (State) Darlington, Missouri		
24. FUNERAL DIRECTOR ADDRESS Brooks-Cochell Funeral Home, Albany, Mo.				25. DATE RECD. BY LOCAL REG. 3-5-60		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bone	

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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Coche

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.