URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006282

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 702 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lafayette
c. CITY OR TOWN Bates City
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles North
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Henry Middle F. Last Gillespie
4. DATE OF DEATH Month Feb Day 6 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-21-1875
9. AGE (last birthday) 84
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Napoleon Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Gillespie
13b. MOTHER'S MAIDEN NAME Emma Handley
14. NAME OF HUSBAND OR WIFE Cora Gillespie
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. 494-40-6825
17. INFORMANT Charles Gillespie, Oak Grove Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock + Hemorrhage, resulting from
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple rib fractures; Hemothorax
DUE TO (c) + ruptured Spleen
INTERVAL BETWEEN ONSET AND DEATH

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.) Two car collision
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2-6-60
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.) Highway
20f. CITY, TOWN, OR LOCATION —
COUNTY Lafayette
STATE Mo

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Kearney M.D. Deputy Coroner
22b. ADDRESS 6627 Prospect K.C. Mo
22c. DATE SIGNED 2-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 2/9/60
23c. NAME OF CEMETERY OR CREMATORY Bates City Cemetery
23d. LOCATION (City, town, or county) Bates City (State) Mo.

24. FUNERAL DIRECTOR Jones Mortuary
ADDRESS Odessa, Mo
25. DATE RECD. BY LOCAL REG. 2-6-60
26. REGISTRAR'S SIGNATURE Neva Minnehall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Geo C. Kearney M.D. MEDICAL CERTIFICATION DOCUMENT

FEB 24 1961

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 John R. Bid

Licensed Embalmer No. 45

P. O. Address Kansas

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