URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010113
STATE FILE NUMBER

FILED VS MAR 25 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff R.# 1 Length of stay in 1b 50 Yrs.

c. CITY OR TOWN Poplar Bluff Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Rural Route # 1 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mansel Middle Edgar Last Gilliam

4. DATE OF DEATH Month Mar. Day 13, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH May 17, 1883

9. AGE (last birthday) 76

IF UNDER 1 YEAR Months 9 Days 26 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City or town, state or country) Marion, Tenn.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Tom Gilliam

13b. MOTHER'S MAIDEN NAME Sarah Ralston

14. NAME OF HUSBAND OR WIFE Della Gilliam

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. 488-42-2587

17. INFORMANT Address Mrs. Cecil Clanahan, Poplar Bluff

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio sclerosis.

DUE TO (c)

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.)

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 January 27, 1960, to March 10, 1960 and last saw him alive on March 10, 1960

Death occurred at 4:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.

22b. ADDRESS Poplar Bluff, Missouri

22c. DATE SIGNED 3-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar. 15, 1960

23c. NAME OF CEMETERY OR CREMATORY Marble Hill

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 3/19/60

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed Charles E. Meng

Licensed Embalmer No. 487

P. O. Address Topeka B

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