URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 30 1960

60-010260

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka — Length of stay in 1b over 1000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Clark
c. CITY OR TOWN Kahoka — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 404 W. Cedar (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LESLIE Middle LEE Last GILHOUSEN
4. DATE OF DEATH Month 2 Day 16 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-20-89
9. AGE (last birthday) 70 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) CLARK Co Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS BRAMMER
13b. MOTHER'S MAIDEN NAME ROSA MADDOX
14. NAME OF HUSBAND OR WIFE Chase Gilhousen
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. No
17. INFORMANT Mrs. Bessie Gluty Address Kahoka, Mo

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) Lung—Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of Right breast with
DUE TO (c) Metastasis to Lungs & Right arm.
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 6-1-59, to 2-16-60 and last saw ~~her~~ him alive on 2-16-60
Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S H Lemming (Degree or title) DO
22b. ADDRESS Kahoka Mo
22c. DATE SIGNED 2-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-18-60
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Fragee
23d. LOCATION (City, town, or county) Clark (State) Mo

24. FUNERAL DIRECTOR Colaghehuds ADDRESS Kahoka Mo
25. DATE RECD. BY LOCAL REG. 3/21-60
26. REGISTRAR'S SIGNATURE J H Bridges

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

SEP 27 1960

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_____

Signature of Student Embalmer

Licensed Embalmer No. 3558

P. O. Address KEOKUK, Io

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