

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-000032

FILED VS. JAN 17 1961

STATE FILE NUMBER

WRITE TUB AMENDED DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ  
 TYPEWRITER RIBBON

Registration District No. 1 Primary Registration District No. — Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in 1b <u>42 yrs.</u>	c. CITY OR TOWN <u>Kirkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sloan's Point Community</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		
3. NAME OF DECEASED (Type or print) First <u>Johnie</u> Middle <u>Gilkison</u> Last <u>Gilkison</u>			4. DATE OF DEATH Month <u>January</u> Day <u>9</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 23, 1906</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and state or country) <u>Seymore, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Franklin Gilkison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Estella Christie</u>		14. NAME OF HUSBAND OR WIFE <u>Dena (Hall) Gilkison</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Dena (Hall) Gilkison RFD Kirkville, Mo.</u>			
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>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Occulsion</u> DUE TO (c) <u>Arteriosclerosis</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 type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>          </u> 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		20g. COUNTY STATE		
21. I attended the deceased from <u>not at all</u> to <u>          </u> and last saw her/him alive on <u>          </u> ✓ Death occurred at <u>about 4:45</u> <u>Jan 9</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>800 W. Jefferson, Kirkville, Mo.</u>		22c. DATE SIGNED <u>1/12/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>	<u>January 11, 1961</u>	<u>Luta Cemetery</u>		<u>Adair County, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Dee Hiley Funeral Home, Inc. 415 N. Franklin</u> <u>W.H. Jackson Pres</u> <u>Kirkville, Mo.</u> (Licensed Embalmer's Statement on Reverse Side)			25. DATE RECD. BY LOCAL REG. <u>1-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rattliff</u>		

JAN 17 1961

APR 19 1961

V. H. CASNER, D. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Larry K. Jackson, Student Embalmer No. 618  
working under my personal supervision.

Student Larry K. Jackson  
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirksville 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.