

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

88 -61-032436
STATE FILE NUMBER

AMENDED

Filed District No. 162
Primary Registration District No. 161961

Primary Registration District No.

Registrar's No.

| | | | | | | | | |
|--|--|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u> | | Length of stay in 1b <u>7 days</u> | | c. CITY OR TOWN <u>Athens township</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>Gentry County Memorial hospital</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>N.E. of Albany</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>MAE</u> Last <u>GILLESPIE</u> | | | | 4. DATE OF DEATH Month <u>September</u> Day <u>24</u> Year <u>1961</u> | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</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>5/16/1901</u> | 9. AGE (last birthday) <u>60</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Charles Grant Banie</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Peery</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Jay Gillespie</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT Address <u>Mr. Jay Gillespie New Hampton, 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>Bilateral Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u> </u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> | | | | | | 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.) <u> </u> | | | | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> | | 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.) <u> </u> | | 20f. CITY, TOWN, OR LOCATION <u> </u> | | COUNTY <u> </u> | | STATE <u> </u> | | |
| 21. I attended the deceased from <u>18 Sept 61</u> to <u>24 Sept 61</u> and last saw her <u>her</u> alive on <u>24 Sept 61</u> Death occurred at <u>9:53P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>Dr. Del Merrill</u> (Degree or title) <u>D.O.</u> | | | | 22b. ADDRESS <u>Albany, Missouri</u> | | | 22c. DATE SIGNED <u>10-1-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>Sept. 27-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Albany, Mo.</u> | | (State) <u> </u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Brooks-Cochell Funeral Home, Albany, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>10-2-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u> | | |

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

OCT 11 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 me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Donald E. Coehlf

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.