

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045327

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 164

FILED DEC 27 1961

AMENDED

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Length of stay in 1b	c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EN ROUTE TO JEFF. MEM. HOSP.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 GEORGE STREET		
3. NAME OF DECEASED (Type or print) GEORGIA A. GILL			First Middle Last	4. DATE OF DEATH 12-16-61 Month Day Year		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-30-1922	9. AGE (last birthday) 39 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY GENERAL HOUSEWORK		11. BIRTHPLACE (City and state or country) FESTUS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MATTHEW TULLOCK		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLES GILL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT CHARLES GILL, CRYSTAL CITY, 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) CEREBRAL VASCULAR ACCIDENT					INTERVAL BETWEEN ONSET AND DEATH 5 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
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 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.)				
20c. TIME OF INJURY Hour _____ 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	COUNTY	STATE		
21. I attended the deceased from OCT. 19, 1961 to DEC 18, 1961 and last saw her alive on 12-15-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Joseph F. Cannon</i> (Degree or title) M.D.			22b. ADDRESS P.O. BOX 29 FESTUS, MO		22c. DATE SIGNED 12-20-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-22-61	23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM, MO.		23d. LOCATION (City, town, or county) HERCULANEUM, MO. (State)		
24. FUNERAL DIRECTOR GENTRY R. POLITTE		ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-20-61	26. REGISTRAR'S SIGNATURE <i>John A. Taylor</i>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed Gentry R. Polittle

Licensed Embalmer No. 3481
P. O. Address Crystal Co.

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.