

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014576

STATE FILE NUMBER

Registration District No. 79 Primary Registration District No. 5291 Registrar's No. 56

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

FILED MAY 8 1962			
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Clay</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Length of stay in 1b <u>8 months</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IOOF Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u></p> <p>c. CITY OR TOWN <u>Liberty</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>120 S. Leonard</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p><b>3. NAME OF DECEASED</b> First <u>Olive</u> Middle <u>Gillwater</u> Last <u>Gillwater</u></p>			
<p><b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>29</u> Year <u>1962</u></p>			
<p><b>5. SEX</b> <u>female</u></p>	<p><b>6. COLOR OR RACE</b> <u>white</u></p>	<p><b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>1-29-1878</u></p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>never employed</u></p>		<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Liberty, Missouri</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>George Gillwater</u></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Eva Harris</u></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p><b>16. SOCIAL SECURITY NO.</b> <u>none</u></p>	
<p><b>17. INFORMANT</b> <u>Meffert Gillwater</u></p>		<p><b>Address</b> <u>Liberty, Mo.</u></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Toxemia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Nephritis</u></p> <p>DUE TO (c) <u>Arteriosclerosis</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Celulitis and fracture of left hip.</u></p>			<p><b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2-3- Wks</u> <u>4- Mos.</u> <u>8-10 Yrs.</u></p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p><b>20c. TIME OF INJURY</b> Hour <u>        </u> a.m. <u>        </u> p.m. Month, Day, Year <u>        </u></p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <u>July-2-1961</u> to <u>Apr-29-1962</u> and last saw <sup>her</sup>him alive on <u>Apr-23-1962</u> Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Clyde M. Smith, Sr.</u></p>		<p><b>22b. ADDRESS</b> <u>10 W. Kansas Liberty, Mo.</u></p>	
<p><b>22c. DATE SIGNED</b> <u>4-30-62</u></p>		<p><b>22d. SIGNATURE</b> (State) <u>Mabel Strehem</u></p>	
<p><b>23a. BURIAL INFORMATION, REMOVAL (specify)</b> <u>burial</u></p>		<p><b>23b. DATE</b> <u>5-1-62</u></p>	
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Fairview Cemetery</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) <u>Liberty, Missouri</u></p>	
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Pasley Funeral Home Liberty, Mo.</u></p>		<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>5-5-62</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 25 1962

**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 John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.