

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 30 1962

-62-014848

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 633

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in Tb 2 weeks	c. CITY OR TOWN Monett Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 913 Frisco Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAURICE Middle E. Last GILLIOZ			4. DATE OF DEATH Month April Day 18 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (last birthday) 85 IF UNDER 1 YEAR: Months 1 Days 12 IF UNDER 24 HR: Hours 12 Min.
11. BIRTHPLACE (City and state or country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred Gillioz		13b. MOTHER'S MAIDEN NAME Josephine Bushman	14. NAME OF HUSBAND OR WIFE Mary E. Moret Gillioz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Mary Gillioz Monett, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Respiratory failure following anesthesia DUE TO (b) (Surgery for carcinoma of stomach) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 12 hr (16 hr)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis			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 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 Month, Day, Year a.m. p.m.			
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 7/19/57 to death and last saw her/him alive on 4/17/62 Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 609 Cherry, Springfield, Mo.	22c. DATE SIGNED 4-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 20, 1962	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	23d. LOCATION (City, town, or county) (State) Monett, Missouri
24. FUNERAL DIRECTOR ADDRESS Buchanan Funeral Home Monett, Missouri		25. DATE RECD. BY LOCAL REG. 4-27-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

ANDREW W HABW
USE BLACK INK OR TYPEWRITER RIBBON

