

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022380

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 717 Primary Registration District No. 3016 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Length of stay in lb <b>7 mths.</b>	c. CITY OR TOWN <b>Butler</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Penitentiary</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>111 So. Boston</b>
3. NAME OF DECEASED (Type or print) First <b>EXIE</b> Middle <b>Wilbur</b> Last <b>Gile</b>		4. DATE OF DEATH Month <b>July</b> Day <b>6</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/5/09</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>MISSOURY K.C.Mo.</b>	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <b>D.T.Gile</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl E. GAZZEE</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMATION <b>Missouri State Penitentiary Jefferson City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>As suggestive failure Hypertensive Cardiovascular Dis</b> DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
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 <u>11-3-61</u> to <u>date</u> and last saw him alive on <u>7-5-62</u> Death occurred at <u>3:40 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <i>[Signature]</i>		21b. ADDRESS <b>Prison Hospital</b>	21c. DATE SIGNED <b>7-6-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>7/6/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Butler Mo.</b>
24. FUNERAL DIRECTOR <b>Dulle Funeral Home/ 601 E. High/ Jefferson City, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6 July 1962</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 17 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 Sylvester D. Miller

Licensed Embalmer No. 4321

P. O. Address Jaffreyville, Pa.

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.