

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024219

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 104

DO NOT WRITE ON THIS STUB

AMENDED

<p><b>FILED JUL 10 1962</b></p>			
<p>1. PLACE OF DEATH a. COUNTY <b>Putnam</b></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Appanoose</b></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Unionville</b></p>		<p>Length of stay in 1b <b>13 days</b></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Monroe Hospital</b></p>		<p>d. STREET ADDRESS (If outside, give location)</p>	
<p>3. NAME OF DECEASED First Middle Last <b>Mary B. Gill</b></p>		<p>4. DATE OF DEATH Month Day Year <b>July 4, 1962</b></p>	
<p>5. SEX <b>female</b></p>		<p>6. COLOR OR RACE <b>white</b></p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <b>7-22-1892</b></p>	
<p>9. AGE (last birthday) <b>69</b></p>		<p>IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <b>School teacher</b></p>	
<p>11. BIRTHPLACE (City and state or country) <b>Brazil, Iowa</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>	
<p>13a. FATHER'S NAME <b>William Stirts</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Martha McMahon</b></p>	
<p>14. NAME OF HUSBAND OR WIFE <b>Wm. Thomas Gill (deceased)</b></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>	
<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT <b>Shane Kelly</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic degenerative myocarditis</b> DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Arteriosclerosis</b></p>		<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Chronic nonfunctioning gallbladder</b></p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <b>5-5-62</b> to <b>7-4-1962</b> and last saw her alive on <b>7-4-62</b> Death occurred at <b>11:55 p. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE (Degree or title) <b>L.W. McDonald D.O.</b></p>	
<p>22b. ADDRESS <b>Unionville, Missouri</b></p>		<p>22c. DATE SIGNED <b>7-6-62</b></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b></p>		<p>23b. DATE <b>7-5-62</b></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem.</b></p>		<p>23d. LOCATION (City, town, or county) (State) <b>Cincinnati, Ia</b></p>	
<p>24. FUNERAL DIRECTOR <b>Hugh L. Johnson</b></p>		<p>25. DATE RECD. BY LOCAL REG. <b>7-5-1962</b></p>	
<p>26. REGISTRAR'S SIGNATURE <b>Marshall Durbin</b></p>		<p>ADDRESS <b>Centerville, Ia</b></p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
10860  
28140  
3  
4 1  
5 2  
6  
7 1  
8 0  
9 420.1  
10  
11  
12 1-2  
13 1-0

**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 H. J. Johnson, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hugh L. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, 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.