

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046904

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6389

FILED JAN 7 1963

VS 300
Rev. 4/59

1
23698
3
4 0
5 2
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7 0
8 2
9 9169
10 40
11 835
12 76-3
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DATE AMENDED
2/4/63

INSTEAD OF
4800 Washington

SHOULD READ
4800 Jefferson

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Informant
DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 5 Yrs	c. CITY OR TOWN Kansas 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 V.A. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jefferson 4800 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Handley Hill Gillespie			4. DATE OF DEATH Month Day Year December 15, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18094
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiree Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Napoleon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Gillespie		13b. MOTHER'S MAIDEN NAME Margaret Hill	
14. NAME OF HUSBAND OR WIFE Ida B. Gillespie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO. None		17. INFORMANT James Gillespie 4041 Walnut VA Hospital Official Records K.C.Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Shutdown Lower Nephron Nephrosis DUE TO (b) Burns of 60% of Body Surface DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) fell on fire clothing	
20c. TIME OF INJURY Hour a.m. p.m. 12-12-62	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.) Grand Lake	20f. CITY, TOWN, OR LOCATION Oklahoma
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 1:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh Owens Coroner		22b. ADDRESS 152 mmw Station	22c. DATE SIGNED 12-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 12-17-62	23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Sons
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR D.W. Newcomers Sons, 1331 Brush Creek		25. DATE RECD. BY LOCAL REG. 12-17-62	26. REGISTRAR'S SIGNATURE Ruth Song

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

Basil V. Honey

Licensed Embalmer No.

2724

P. O. Address

None

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.

State of Washington has some funeral and wash stations for the purpose of embalming.