

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 8 1948

Registration District No. 127

Primary Registration District No. 4214

Registrar's No. 276

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Callhoun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
Home on 11th St. & 8th W. of Callhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 42

(c) City or town Callhoun 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lillie Pearl Gillespie

3. (b) If veteran, name war No

3. (c) Social Security No. none

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Gillespie

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 5 15 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>7</u>	<u>14</u>	hr. min.

9. Birthplace Emmonsille Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John J. Keller

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Campbell

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Gillespie
(b) Address Callhoun Mo.

17. (a) Burial (b) Date thereof 1-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callhoun Mo.

18. (a) Signature of funeral director Fred Gillespie
(b) Address Callhoun Mo.

19. (a) 12-30-47 (b) R. A. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1947 hour 12 minute noon

21. I hereby certify that I attended the deceased from Jan Dec. 24, 1947 to Dec. 29, 1947
that I last saw her alive on Dec. 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation 5 day

Due to Acute bronchitis 7 day

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none phC

Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause of death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury 5

23. Signature S. B. Hughes (M. D. or other) M.D.
Address Clinton Mo. Date signed Dec 30/47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-47-2018

Date Filed 1-7-48

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.....

[Signature]....., Registered Apprentice No. 434
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2478

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.