

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8169

FILED APR. 12 1949

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blainstons Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Libbie</u> b. (Middle) <u>EVA</u> c. (Last) <u>GILHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Feb. 7, 1881</u>	
9. AGE (In years) (Month) (Day) (Year) <u>68</u> <u>1</u> <u>29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John A. Rush</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Wall</u>		14. NAME OF HUSBAND OR WIFE <u>Roy W. Gilliam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marion Block, Chilhowee, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>omit</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/30</u> , 19 <u>49</u> , to <u>4/2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/2</u> , 19 <u>49</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Powell, D.O.</u>			23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>4/3/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carswell</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-3-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Cook Chilhowee Mo</u>			

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

42  
2

1878  
S. A. W. M.

RECEIVED

District Health Officer No. 7;

District File Number 349-340

Date Filed 4-11-49

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.

Signed J. W. Cook

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.