

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0001739

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 358

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 22 1968	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in 1b <u>4 weeks</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>315 N. 2nd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED First <u>Josh</u> Middle <u>E</u> Last <u>Gilliam</u></p>	
<p>4. DATE OF DEATH Month <u>Jan</u> Day <u>18</u> Year <u>1968</u></p>	
<p>5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u></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 <u>June 1, 1879</u> 9. AGE (last birthday) <u>88</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>merchant</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Jack Gilliam</u> 13b. MOTHER'S MAIDEN NAME <u>Nancy J Lane</u> 14. NAME OF HUSBAND OR WIFE <u>Sue</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p> <p>16. SOCIAL SECURITY NO. <u>no</u> 17. INFORMANT <u>Mrs. Gera Jageman</u> Address <u>1333 So Noland Independence, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u></p> <p style="text-align: center;">DUE TO (b) <u>Exsanguination</u> <u>6 hours</u></p> <p style="text-align: center;">DUE TO (c) <u>Intestinal Hemorrhage</u> <u>72 hours</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent Open Reduction of fractured femur</u></p> <p>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</p>	
<p>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"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____</p>	
<p>21. I attended the deceased from <u>1961</u> to <u>1-19-68</u> and last saw her/him alive on <u>1-19-68</u></p> <p>Death occurred at <u>9:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <u>C. L. Glespy, D.O.</u> (Degree or title) 22b. ADDRESS <u>Clinton, Mo.</u> 22c. DATE SIGNED <u>1/19/68</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>1/20/1968</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Carrsville cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Sickman-Dunning F H</u> ADDRESS <u>Clinton, Mo</u> 25. DATE RECD. BY LOCAL REG. <u>JAN. 20, 68</u> 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1-20-68

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 R. L. [Signature]

Licensed Embalmer No. 4710

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained 1-20-68
[Signature]