7450

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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 114 Primary Registration District No. 5064 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Two years

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Missouri (b) County St. Clair 0
(c) City or town Osceola Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lester I. Gillaspie
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Letha Gillaspie
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 2 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	10	hr. min.

9. Birthplace Essex Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation Electrician
11. Industry or business Retired
FATHER
12. Name John G, Gillaspie
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Emily Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Letha Gillaspie
(b) Address Osceola Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Moriah KC Mo
18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo.
19. (a) 1/14/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1943 hour minute M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h— alive on —, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	—
Due to —	
Due to	
Other conditions Had some heart trouble (Include pregnancy within 3 months of death)	

Major findings:
Of operations 940
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Ruth Seevers (M. D. ~~or other~~)
Address Osceola Mo Date signed 1-15-93

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-38
Date Filed 2-3-43

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Chas Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Osceola, 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.