

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3870

State File No.

BIRTH NO. _____ REG. DIST. NO. 345 PRIMARY REG. DIST. NO. 6245 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural Harmony</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Near Courtis mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Courtis mo. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burle</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Gilliam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 4 1863</u>	9. AGE (in years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Washington Co. mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>George Gilliam</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Ann Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Dealia Gilliam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Dealia Gilliam</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-3, 1949, to 1-28, 1949, that I last saw the deceased alive on 1-3, 1949, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward W. Lake, Jr.</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Payoni, Mo.</u>	23c. DATE SIGNED <u>1-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emmeaus</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-31-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella White</u>	336	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr Luther Sparks Patesi</u>	ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Public Health Officer No. 4
District File Number 249-165
Date Filed 2-1-49

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 Murphy L. Spinks

Licensed Embalmer No. 4239

P. O. Address Flat River Mo

Signed.....
Student Embalmer

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.