

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3721

013

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>One day</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Shelby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leonard, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Lula</u>		b. (Middle) <u>Grace</u>		c. (Last) <u>Gillaspay</u>		a. (Month) (Day) (Year) <u>3-7-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-30-1880</u>	
9. AGE (in years last birthday) <u>69</u>		10. MONTHS <u>2</u>		11. DAYS <u>7</u>		12. IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life when if retired) <u>house wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Forest Bodwell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E2 Evans</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Melvin Montgomery, Clarence, 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, asphyxia, 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>Congestive Heart Failure</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Coronary Occlusion</u>				<u>1 day</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u> </u>				DUE TO (c) <u> </u>	
DUE TO (c) <u> </u>		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4:30</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>March 6, 1950</u> , to <u>March 7, 1950</u> ; that I last saw the deceased alive on <u>March 7, 1950</u> , and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. T. Rhoads, D.O.</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>3-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leonard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leonard, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-50</u>		REGISTRAR'S SIGNATURE <u>Wato Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Million & Barkelew, Shelbyna, Mo.</u>			

RECEIVED

MAR 10 1950

District Health Officer No.

3-50-4

District File Number

MAR 10 1950

Date Filed

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 _____

W. H. Hawkins

Licensed Embalmer No. _____

3498

P. O. Address _____

Shelburne, Me

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.