

FILED MAY 22 1950

STANDARD CERTIFICATE OF DEATH

16446

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 455

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Decatur</u>	
c. LENGTH OF STAY (In this place) <u>2yr. lmo. 11 day</u>		d. STREET ADDRESS (If rural, give location) <u>335 W. Williams</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>GILLIBRAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1950</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>April 19, 1860</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Sparta, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Celia Gillibrand</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Indian Ward</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, far advanced.</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS		
		<u>Senility.</u>		
		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 checked="" type="checkbox"/>
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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 V.A. attended the deceased from April 2, 1948, to May 12, 1950. ~~that the deceased died on~~ and that death occurred at 11:17 P.m., from the causes and on the date stated above.

23. SIGNATURE <u>Paul E. Fetscher</u> Chief, (Degree or title)	23b. ADDRESS <u>Professional Services VAH., Springfield, Mo.</u>	23c. DATE SIGNED <u>5-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Decatur Ill</u>
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DATE REC'D BY LOCAL REG. <u>5-16-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Edman-Scharpf</u>	ADDRESS <u>Springfield Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

396

4120  
8

002X

**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 .....  
Student Embalmer

Signed *Lewis G. Scherpf* \_\_\_\_\_

Licensed Embalmer No. *3802* \_\_\_\_\_

P. O. Address *Springfield, 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.