

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33316

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lincoln Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lincoln Township 8410	
c. LENGTH OF STAY (In this place) 26 years		d. STREET ADDRESS (If rural, give location) Hatfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hatfield			

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle) Idella	c. (Last) Gilland	4. DATE OF DEATH (Month) (Day) (Year) 10 30 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7 17 1890	9. AGE (In years last birthday) 60	10 UNDER 1 YEAR (Months) (Days) 3 13	11 UNDER 1 HR. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Seward, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Reese Hill	13b. MOTHER'S MAIDEN NAME Luella Somers	14. NAME OF HUSBAND OR WIFE Robert E. Gilland
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Robert Gilland	ADDRESS Hatfield, Mo.
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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) Coronary Atherosclerosis		3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c)		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 21, 1949, to 10-30, 1950, that I last saw the deceased alive on 10-28, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Matteson (Degree or title) MD	23b. ADDRESS Grant City, Mo.	23c. DATE SIGNED 10/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11 1 1950	24c. NAME OF CEMETERY OR CREMATORY Isabelle Cemetery	24d. LOCATION (City, town, or county) (State) Allendale, Mo.
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DATE REC'D BY LOCAL REG. 11-4-1950	REGISTRAR'S SIGNATURE Chas. Adair 119	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffer	ADDRESS Grant City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Arch C. Dunfee

Licensed Embalmer No. _____

3252

P. O. Address _____

Grant City, 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.