

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36198**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1355**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>108 E. Hyde Park Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>108 E. Hyde Park Ave.</b>		e. STREET ADDRESS <b>108 E. Hyde Park Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gladys</b> b. (Middle) <b>M.</b> c. (Last) <b>Gillip</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11/25/1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>1/2/1907</b>	9. AGE (In years last birthday) <b>43</b>	10. IF UNDER 1 YEAR Days <b>10</b> IF UNDER 4 HRS. Hours <b>23</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Radio Station</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Claude J. Gillip</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Ray</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491 09 6775</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Baunlein</b> ADDRESS <b>3325 Pennyl St. Joseph, Mo.</b>

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) <b>Metastatic Carcinoma</b>		<b>1+ year</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of stomach</b> DUE TO (c) _____		<b>1+ year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>15ix</b>

19a. DATE OF OPERATION <b>9-22-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>gross section showed carcinoma of stomach</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 I attended the deceased from **8-29**, 19**49**, to **11-25**, 19**50**, that I last saw the deceased alive on **11-17**, 19**50**, and that death occurred at **11:00pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lucian H. Ide</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>902 Edwards St. Joseph, Mo.</b>	23c. DATE SIGNED <b>11-27-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/28/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>

DATE REC'D BY LOCAL REG. <b>Dec 5, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Oyster</b>	446	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl a. Cook</b> ADDRESS <b>120 Minnesota St.</b>
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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 *Will J. Cherry* .....

Licensed Embalmer No. *4679* .....

P. O. Address *St. Joseph, 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.