

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5010

0480

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

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 24		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Prairie		c. LENGTH OF STAY (In this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home				d. STREET ADDRESS (If rural, give location) Jackson Co. Home				
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) P.		c. (Last) Gill		4. DATE OF DEATH (Month) (Day) (Year) 2-24-51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed (1)		8. DATE OF BIRTH 6-15-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) St. Joe, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Neva B. Gill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records--- Jackson Co. Home				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism				INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 yr 2 mo 61 days				DUE TO (c) 20 days				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture maxilla right. Senile Dementia				3 days year.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Little Blue Jackson Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 18 1951 7A m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell, striking head on floor						
22. I hereby certify that I attended the deceased from March 2, 1950, to Feb 24, 1951, that I last saw the deceased alive on Feb 23, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W.S. H. Harrison M.D.				23b. ADDRESS 1018 South Osage Independence, Mo		23c. DATE SIGNED 2/24/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-26-51		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Lawrence Kan.		
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE Donald C. Earnshaw 378		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS K.C., Mo.		

