

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8477
1258

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (In this place) 4 Mo. 5 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION: KANSAS CITY TUBERCULOSIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 4611 OLIVE

3. NAME OF DECEASED
a. (First) NANNA
b. (Middle) _____
c. (Last) GILLESPIE
4. DATE OF DEATH (Month) (Day) (Year) 3-21-51

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JULY 11, 1881
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 1 HR. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME POSEY WILD
13b. MOTHER'S MAIDEN NAME ELIZABETH FRANKS
14. NAME OF HUSBAND OR WIFE HENRY GILLESPIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. #
17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.B. HOSPITAL K.C., Mo.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS
ANTECEDENT CAUSES _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 16, 1950, to MAR. 21, 1951, that I last saw the deceased alive on MAR. 21, 1951, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.
23b. ADDRESS 1030 EAST PACIFIC, K.C., MO
23c. DATE SIGNED MAR. 21, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 3-22-51
24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) COFFEYVILLE, KAN.

DATE REC'D BY LOCAL REG. 3-22-51 REGISTRAR'S SIGNATURE Seraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer's Sons, K.C., Mo.

WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City*

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.