No. 300
10.48

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11475

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 23

.050
1

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

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Flat Creek twp.
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. SE. of Cassville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Flat Creek twp. 0050
d. STREET ADDRESS (If rural, give location): 4 mi. SE. of Cassville

3. NAME OF DECEASED (Type or Print)
a. (First): Egbert
b. (Middle): Hughes
c. (Last): Gillespie

4. DATE OF DEATH (Month) (Day) (Year): Mar. 30, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 21, 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Columbia County, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: G. T. Hughes Gillespie
13b. MOTHER'S MAIDEN NAME: Eliza Ann Owen
14. NAME OF HUSBAND OR WIFE: Mindrel C. Gillespie

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Walter Carnes, Cassville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Valvular Disease — 2 years.
DUE TO (c): Arthritis — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4214
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) m.
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* Sept. 2, 1950, *to* Mar. 28, 1951, *that I last saw the deceased alive on* Mar. 28, 1951, *and that death occurred at* 3:10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. McDaniel, 2 A.B. D.O.
23b. ADDRESS: Cassville, Mo.
23c. DATE SIGNED: 4-4-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Apr. 1, 1951
24c. NAME OF CEMETERY OR CREMATORY: Horner Cemetery
24d. LOCATION (City, town, or county) (State): Barry County, Missouri

DATE REC'D BY LOCAL REG.: Apr 5-1951
REGISTRAR'S SIGNATURE: Grace Williams 10 1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. C. Koon, Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 9 1951

Dist. File 451-754

Date Filed 4-11-51

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 W. C. Koon

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.