

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

135755

State File No.

55

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Marion</u> c. (Last) <u>Gill</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4 13 51</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 8, 1872</u>		9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>1</u>	YEAR Days <u>5</u>	# UNDER 24 HOURS	# MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired contractor and builder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>builder</u>		11. BIRTHPLACE (State or foreign country) <u>Humansville</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Robert E.</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Samsel</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Lee</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Gill Humansville</u> ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>November 19 50</u> , to <u>April 13, 1951</u> , that I last saw the deceased alive on <u>4-13, 1951</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Raberson - 0</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>4/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per [Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Primm Funeral Home</u>		ADDRESS <u>Humansville, Mo.</u>			

(Licensed Embalmers' Certificate on Reverse Side)

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

No. 300
10. 48

840

DIVISION OF HEALTH OF MD.
District No. 5 - S. ...

RECEIVED APR 17 1951

Dist. File 427-838

Date Filed 4-19-51

MAY 7

JAN 29 1954

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hemasville.

. 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.