

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16540**
2285

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

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 township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 6 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1666 Summit St.		d. STREET ADDRESS (If rural, give location) Various addresses	

3. NAME OF DECEASED (Type or Print) Elmer E. Gilleland	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 26 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 14-1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 1 HR. Hours 1 Min. 12
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10a. USUAL OCCUPATION (Give kind of work bearing in mind of working life, even if retired) Carver	10b. KIND OF BUSINESS OR INDUSTRY Various Jobs	11. BIRTHPLACE (State or foreign country) Hasting Mich!	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alex M. Gilleland	13b. MOTHER'S MAIDEN NAME Rebecca Dickerson	14. NAME OF HUSBAND OR WIFE don't know
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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 Ms. J-B Wright	ADDRESS 1666 Summit. KC Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		INTERVAL BETWEEN ONSET AND DEATH 6 mo 71 yrs 197X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Prostate		
	DUE TO (c) Senility		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5-22, 1951**, to **5-24, 1951**, that I last saw the deceased alive on **5-22, 1951**, and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Fletcher (Degree or title) DO	23b. ADDRESS 922 W 24 KC Mo	23c. DATE SIGNED 5-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28-1951	24c. NAME OF CEMETERY OR CREMATORY Mt Moriah	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 5-28-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis	ADDRESS Parkville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

