

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3317509**
CHOT
Registrar's No. **0157**

FILED APR 10 1952

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007
1. PLACE OF DEATH a. COUNTY Butler 0124		2. USUAL RESIDENCE (Where deceased lived at least 10 days before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Kennett - Rural 0350	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4 mi Independence Javp - N.E.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff			
3. NAME OF DECEASED (Type or Print) a. (First) James J. Gilooly b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 27 1952	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 18-1892
9. AGE (In years last birthday) 60		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME J. Gilooly		13b. MOTHER'S MAIDEN NAME Mathe Myers - Nora Mae Priday Gilooly	
14. NAME OF HUSBAND OR WIFE			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. no	
16. INFORMANT'S SIGNATURE OR NAME Chas Gilooly		17. ADDRESS Kennett, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis, Generalized 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.	
18. INTERVAL BETWEEN ONSET AND DEATH 2 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 3-20 1952 , to March 27, 1952 , that I last saw the deceased alive on March 22, 1952 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Johnson, M.D.		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 3/28/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/25-1952	
24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Lawketan, Ark	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE Wm. H. Johnson 438	
25. FUNERAL DIRECTOR'S SIGNATURE Paul Salvo		ADDRESS Kennett, Mo	

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

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-178

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 J. P. Palmer _____

Licensed Embalmer No. 2556 _____

P. O. Address Kennett, 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.