

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 22 1952

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 264-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt. #1, Strafford</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford, Rural, Jackson Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HAMILTON</u> c. (Last) <u>GILLESPIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>August 15, 1873</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	
11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	

13a. FATHER'S NAME <u>C. Perry Gillespie</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kathryn Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle M. Gillespie (dec)</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Rathbun, Rt. # 1, Strafford,</u> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>		DUE TO (b) <u>Pulmonary Fibrosis</u>		<u>10 years?</u>	
DUE TO (c) <u>Pulmonary Emphysema</u>				<u>18 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>7/6</u>		19b. MAJOR FINDINGS OF OPERATION <u>525x</u>		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)	
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 3/8, 1952 to 3/12, 1952 that I last saw the deceased alive on 3/12, 1952 and that death occurred at 2:10pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. Foch</u>		23b. ADDRESS <u>Strafford, Missouri</u>		23c. DATE SIGNED <u>3/15/1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/16/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>3-18-52</u>		REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ayre-Goodwin Fun'l Service, Spgfld,</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.