S. No. 300
Rev. 10.48

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8962

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4283 Registrar's No. 29

0560
1

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

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EWING
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXXXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EWING 0560
d. STREET ADDRESS (If rural, give location): XXXXXX 0

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): J.
c. (Last): GILLESPIE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 18, 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JAN. 31, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXX
11. BIRTHPLACE (State or foreign country): CAMBRIA, IOWA 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MELVIN GILLESPIE
13b. MOTHER'S MAIDEN NAME: MARY DAVIDSON
14. NAME OF HUSBAND OR WIFE: EFFIE GILLESPIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XXXXXXXXX
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: EFFIE GILLESPIE — ADDRESS: EWING, 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) URAEMIC CONVULSION

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC NEPHRITIS
CHRONIC MYOCARDITIS
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 592X
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* AUG, 1951, *to* MARCH 18 1952, *that I last saw the deceased alive on* MARCH 12, 1952, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N L Ellery MD
23b. ADDRESS: Lorraine Mo
23c. DATE SIGNED: 3/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 11
24b. DATE: 3/20/52
24c. NAME OF CEMETERY OR CREMATORY: LEWISTOWN
24d. LOCATION (City, town, or county) (State): LEWISTOWN, MISSOURI

DATE REC'D BY LOCAL REG.: 3-21-52
REGISTRAR'S SIGNATURE: P. W. Jennings M.D. 161-0
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Arnold Jr. — ADDRESS: LEWISTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

1958

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 Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.