

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9370**
Registrar's No. **100**

APR 1 1952

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 100	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (in this place) 89 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 802 W. 16th				d. STREET ADDRESS (If rural, give location) 424 E. 14th			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) C.		c. (Last) Gill		4. DATE OF DEATH (Month) (Day) (Year) March 22 - 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 24 - 1876	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Shopman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Ira Gill		13b. MOTHER'S MAIDEN NAME Cynthia Jane Coffie		14. NAME OF HUSBAND OR WIFE Cora Edith Gill	
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. 702-14-5165		17. INFORMANT'S SIGNATURE OR NAME Victor Gill		ADDRESS Sedalia	
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) Coronary thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension DUE TO (c) 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"/>	
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)		4201	
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 1946 , to 3-22 , 19 52 , that I last saw the deceased alive on 3-19 , 19 52 , and that death occurred at 3:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Boyer M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 3/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 3-24-52		REGISTRAR'S SIGNATURE A. G. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros.		ADDRESS Sedalia	

5804
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

251-0

(Licensed Embalmer's Statement on Reverse Side)

123

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. McBrary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.