

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sherman Tmp. 0860</u>	
c. LENGTH OF STAY (in this place) <u>5 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>Powersville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Frederick Allen Gill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S 0</u>	8. DATE OF BIRTH <u>Dec. 4, 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>15</u> Months <u>5</u> Days <u>12</u> Hours <u>0</u> Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Powersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Lloyd Gill</u>	13b. MOTHER'S MAIDEN NAME <u>Orpha Pollock</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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 ADDRESS <u>Lloyd Gill, Powersville, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma</u>		
	DUE TO (c) <u>Auto accident</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Aspiration fluids</u>		<u>E8234</u> <u>32</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>186</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 136</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Unionville Putnam Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5 52 PM 1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Driver lost control of car of which his wife was passenger</u>

22. I hereby certify that I attended the deceased from 5-3-52 1952, to 5-4-52 1952, that I last saw the deceased alive on 5-4-52 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.W. McDonald, D.O.</u>	23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>5-5-52</u>
24a. BURIAL CREMATION <u>1</u>	24b. DATE <u>5-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powersville</u>
24d. LOCATION (City, town, or county) (State) <u>Powersville Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.C. Hruscak, Unionville</u>	
DATE REC'D BY LOCAL REG. <u>5-16-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Dublin</u>	

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

0860

0770

JUN 19 1952

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: *Murl E. Bush*

Licensed Embalmer No. *3204*

P. O. Address *Unionville, N.C.*

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.