

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27199

State File No. ....

FILED AUG 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 894

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass 0117</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel</u> /	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Karl</u>	b. (Middle) <u>Milligan</u>	c. (Last) <u>Gillogly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1952</u>
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5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married 0</u>	8. DATE OF BIRTH <u>November 27, 1897</u>	9. AGE (In years last birthday) <u>58</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe line inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gas &amp; Oil Linestry Companies.</u>	11. BIRTHPLACE (State or foreign country) <u>Drexel, Missouri. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Abel Milligan Gillogly</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth McPherson</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>496-05-5169</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Otis Groves</u>	ADDRESS <u>Drexel, Missouri.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
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 <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 14, 1952, to August 20, 1952, that I last saw the deceased alive on August 20, 1952, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Miley Jr.</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>801 1/2 Francis St.</u>	23c. DATE SIGNED <u>August 20, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 4 1951

SEP 1951

**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 \*\*\*\*\*

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Student Embalmer No. ....

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working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond A. Morehead*

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.