THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35405

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 1-6-1952

1. PLACE OF DEATH

a. COUNTY: JASPER

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN

c. LENGTH OF STAY (In this place): 2½ days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHNS

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)

a. STATE: MISSOURI

b. COUNTY: JASPER

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN — 0495

d. STREET ADDRESS (If rural, give location): 607 FINN.

3. NAME OF DECEASED (Type or Print)

a. (First): MARTHA

b. (Middle): LILLIE

c. (Last): GILL.

4. DATE OF DEATH (Month) (Day) (Year): 10-18-52

5. SEX: FEMALE

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.

8. DATE OF BIRTH: OCT 7-1888

9. AGE (In years last birthday): 64

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE.

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (City and State or Foreign Country): FORT SMITH ARK.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JERMIAH SAYLOR

13b. MOTHER'S MAIDEN NAME: CAROLINE FAIR.

14. NAME OF HUSBAND OR WIFE: ORRIS E GILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Orris E Gill

ADDRESS: 617 Pearl Joplin 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): Ca of Uterus

INTERVAL BETWEEN ONSET AND DEATH: Do not Know

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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: 174X

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* 10-6, 1952, *to* 10-18, 1952, *that I last saw the deceased alive on* 10-18, 1952, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Campard M.D. (Degree or title)

23b. ADDRESS: Joplin Mo

23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 10/21/52

24c. NAME OF CEMETERY OR CREMATORY: OZARK MEM. PK

24d. LOCATION (City, town, or county) (State): JOPLIN MO

DATE REC'D BY LOCAL REG.: 10-22-52

REGISTRAR'S SIGNATURE: Hazel James 38-0 By Willie Langkins

25. FUNERAL DIRECTOR'S SIGNATURE: Hubert G. Glover

ADDRESS: MORTUARY

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/835

Date Filed 10-27-52

JS MAR 23 1960

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 Dale Glore

Licensed Embalmer No. 4593

P. O. Address Joplin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.