

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 314

1. PLACE OF DEATH
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (In this place) 2 days

c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0135

d. FULL NAME OF HOSPITAL OR INSTITUTION Boone Co Hosp'l

d. STREET ADDRESS (If rural, give location) 620 N 7th St

3. NAME OF DECEASED
a. (First) William b. (Middle) Edward c. (Last) Gilaspie

4. DATE OF DEATH (Month) (Day) (Year)
Nov 22 1952

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH Dec 3 1864

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day IF UNDER 24 HRS. Hours Min. 87 11 17

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

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Boone Co MO

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

13a. FATHER'S NAME Wm Gilaspie

13b. MOTHER'S MAIDEN NAME Mary Jane Lloyd

14. NAME OF WIDOWING OR WIFE Minnie Howell Wid

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. NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.E. Foster Columbia

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) Chronic Nephritis
ANTECEDENT CAUSES
DUE TO (b) General Anterior Sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Chronic Myocarditis
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

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Nov. 22, 1952, that I last saw the deceased alive on Nov 21, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stephen D. Smith (Deputy or title) ADDRESS 1404 E. Broadway

23c. DATE SIGNED Nov 22 1952

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

24b. DATE Nov 24 52

24c. NAME OF CEMETERY OR CREMATORY Grandview

24d. LOCATION (City, town, or county) (State) Boone Co - MO

DATE REC'D BY LOCAL REG. Nov 29 1952

REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A Powell Columbia

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

105
0

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, ~~only~~

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lyman H. Spence

Licensed Embalmer No. 4013

P. O. Address

Columbia, 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.