No. 300
10.48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18404

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 256

495
1

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

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 225 No. Wall.

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) 1107 E. 3rd St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Harrison c. (Last) Gillem

4. DATE OF DEATH (Month) (Day) (Year) 5-11-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Dec 3. 1866

9. AGE (In years last birthday) 86. 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) Retired

10b. KIND OF BUSINESS OR INDUSTRY Railroad worker

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Gillem

13b. MOTHER'S MAIDEN NAME DK.

14. NAME OF HUSBAND OR WIFE Nellie Maude Gillem Died 5-6-1953

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Emily Adams 2004 W. 15th ADDRESS 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) Progressive synergistic cutaneous gangrene — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Progressive synergistic cutaneous gangrene

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) symbiotic bacteria
symbiotic bacteria
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia & senility — unknown
Anemia and senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 0534

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* Jan, 1953, *to* May, 1953, *that I last saw the deceased alive on* about April 28, 1953, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Roland T. Smith (Degree or title) MD

23b. ADDRESS Frisco Bldg. Joplin Mo

23c. DATE SIGNED 5-15-53

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

24b. DATE 5-13-1953.

24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial

24d. LOCATION (City, town, or county) Joplin (State) Mo

DATE REC'D BY LOCAL REG. 5-25-53

REGISTRAR'S SIGNATURE Ed D. James 138 by Dolores Lampkin D.R.

25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary ADDRESS Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-29-53
Jasper County Health Office

County File Number 53-5-468
Date Filed 5-29-53

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 .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed DAVID E. DILLON

Signed .....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin 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.