

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45314

37581
FILED JAN 19 1954

State File No. 12330
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 12330		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jonesburg 0700		d. STREET ADDRESS (If rural, give location) /			
d. FULL NAME OF HOSPITAL OR INSTITUTION H. S. Phillips				3. NAME OF DECEASED a. (First) Larry b. (Middle) c. (Last) Gillette		4. DATE OF DEATH (Month) (Day) (Year) 12-30-53			
5. SEX 2 male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH 6/20/53		9. AGE (in years last birthday) 6 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jonesburg 0		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Jesse Gillette			13b. MOTHER'S MAIDEN NAME Nora Mae English			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde English Jonesburg 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Bronchial Pneumonia DUE TO (c) Diarrhea 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 <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21f. HOW DID INJURY OCCUR? 491X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 7:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Perry, Registrar				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12/30/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-30-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jonesburg, Mo.			
DATE REC'D BY LOCAL REG. DEC 30 1953		REGISTRAR'S SIGNATURE J. C. Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde English Jonesburg, MO				

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

FEB 15 1964

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.

Student
Student Embalmer

Not embalmed
Signed *Clyde English*

Licensed Embalmer No.

Jonesburg Mo.
P. O. Address

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.