No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8077

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4137 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trimble
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trimble
d. STREET ADDRESS (If rural, give location): 0250 0

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Ethel
c. (Last): Gilliland

4. DATE OF DEATH (Month) (Day) (Year): March 23 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 25 1882
9. AGE (In years last birthday): 71 — If under 1 year: Months 3, Days 28 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Chas. S Eaves
13b. MOTHER'S MAIDEN NAME: Laura B. Albright
14. NAME OF HUSBAND OR WIFE: Wm. K. Gilliland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x x
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm. Gilliland — **ADDRESS**: Trimble 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 mins

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: 4201
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* none, *to* none, *that I last saw the deceased alive on* none, 19__, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Spalding (Degree or title) MD
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: Mar 23 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-54
24c. NAME OF CEMETERY OR CREMATORY: Packard
24d. LOCATION (City, town, or county) (State): Cameron Mo.

DATE REC'D BY LOCAL REG.: Mar 24-54
REGISTRAR'S SIGNATURE: Elizabeth Dearee 441-5
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Lyon — **ADDRESS**: Plattsburg, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 19

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 Darell D. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, MO.

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.