No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23001

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3093

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2
e. STREET ADDRESS (If rural, give location) 5416 E. 35th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3588

3. NAME OF DECEASED (Type or Print)
a. (First) Jame s
b. (Middle) Livingston
c. (Last) Gilliam

4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 54

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 17, 1874
9. AGE (In years last birthday) 79 | 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) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Summersville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ed Gilliam
13b. MOTHER'S MAIDEN NAME Luvenia Montgue
14. NAME OF HUSBAND OR WIFE Annie Gilliame

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-16-5965
17. INFORMANT'S SIGNATURE OR NAME Ophelia McAfee **ADDRESS** 5416 E. 35th

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) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH

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. Pulmonary edema and congestion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 6-25-54, 19__, *to* 7-1-54, 19__, *that I last saw the deceased alive on* 7-1-54, 19__, *and that death occurred at* 12:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis (Degree or title) MD
23b. ADDRESS 600 E. 22nd
23c. DATE SIGNED 7-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-6-54
24c. NAME OF CEMETERY OR CREMATORY Lincoln
24d. LOCATION (City, town, or county) Kansas City (State) Mo.

DATE REC'D BY LOCAL REG. 7-6-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home **ADDRESS** 18th Benton

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 450

P. O. Address 18th & Ben

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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