

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19400

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4311 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived prior to institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Callao</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) _____		0610 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) _____ c. (Last) <u>GILSTADP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-27-21</u>
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ramey</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Russell Gilstrop</u>		ADDRESS <u>Hamilton</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypertensive Heart Disease</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (b) <u>Cerebral Process</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>157X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>54</u> , to <u>6/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/10</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. S. Maddy</u>		23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>6/13/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove C.</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
DATE REC'D BY LOCAL REG. <u>6/21/55</u>	REGISTRAR'S SIGNATURE <u>W. H. McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Edwards</u> ADDRESS <u>Bevers Mo</u>

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

RECEIVED 6.30.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.55.97  
Date Filed 7.2.55

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe Edwards*

Licensed Embalmer No. 196

P. O. Address *Brewer, Ga*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.