

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4220**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5330** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-OSAGE TWP.</b>		c. LENGTH OF STAY (in this place) <b>84 YRS.</b>	c. CITY OR TOWN <b>RURAL</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 MILES E. OF DAVISVILLE MO</b>		e. STREET ADDRESS (If rural, give location) <b>4 MILES E OF DAVISVILLE MO.</b>	

3. NAME OF DECEASED (Type or Print) <b>DANIEL JEFFERSON GILLIAM</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 19-1956</b>
--	------------	-------------	-----------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 5-1871</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
--------------------	-------------------------------	--	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BRAZIL, MISSOURI</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
--	---	---	--

13a. FATHER'S NAME <b>JOHN GILLIAM</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH BRADLEY</b>	14. NAME OF HUSBAND OR WIFE <b>LOU GILLIAM</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DON GILLIAM - HUIZZAH, MISSOURI</b>	ADDRESS
---	--	---	---------

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) <b>Carcinoma Stomach with metastasis to liver.</b>		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151X</b>	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 **Oct**, 19**55**, to **Feb 19**, 19**56** that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. H. Brewster MD</b>	(Type & title) 23b. ADDRESS <b>Potosi Mo.</b>	23c. DATE SIGNED <b>2/30/56</b>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 21-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CENTER PAST CEMETERY CRAWFORD CNTY. MO.</b>	24d. LOCATION (City, town, or county) (State) <b>MO.</b>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>2/24/56</b>	REGISTRAR'S SIGNATURE <b>Mrs Hazel Lichner</b>	505	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas S. Baker</b>	ADDRESS <b>STEELEVILLE, MO.</b>
--	---	-----	--	------------------------------------

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Thomas S. Herbert*.....

Licensed Embalmer No. *433*

P. O. Address *STEELVILLE*

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.