

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5893

State File No. ....

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>282</u>   |  | PRIMARY REG. DIST. NO. <u>4404</u>   |  | Registrar's No. <u>14</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Humansville</u>   |  | c. LENGTH OF STAY (in this place) <u>70 yrs</u>   |  | c. CITY OR TOWN <u>Humansville</u>   |  | d. Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Mem. Hospital</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>0840</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Effie</u>  |  | b. (Middle) _____   |  | c. (Last) <u>Gill</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>2-14-56</u>   |  |
| 5. SEX <u>Fe</u>  |  | 6. COLOR OR RACE <u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>  |  | 8. DATE OF BIRTH <u>11-28-68</u>  |  |
| 9. AGE (in years last birthday) <u>87</u>   |  | 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) <u>Music teacher</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Osawatomie, Kansas</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME <u>Robert E. Gill</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Katherine Samsel</u>   |  | 14. NAME OF HUSBAND OR WIFE _____  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. M. D. Lightfoot Springfield, Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Neck Fracture Rt Femur 2/14</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u>  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY? <u>4222F</u><br>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) (Min.) _____  |  | 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>12/24</u> , 19 <u>56</u> , to <u>2/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/14</u> , 19 <u>56</u> , and that death occurred at <u>10:30A.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>D. D. Robinson</u> (Degree or title) <u>MD</u>  |  |   |  | 23b. ADDRESS <u>Humansville, Mo.</u>   |  | 23c. DATE SIGNED <u>2/19/56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>2-17-56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>Feb 15, 1956</u>  |  | REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Bonds</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckwith Funeral Home</u>  |  | ADDRESS <u>Humansville</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *D. H. Beckwith*

Licensed Embalmer No: *3937*

P. O. Address *Humansville*

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.