

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26067

State File No.

FILED AUG 20 1956

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 874

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 54 yrs		e. STREET ADDRESS (If rural, give location) 223 North 8th St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MALCOM b. (Middle) H. c. (Last) GILLETT			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1956
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 15, 1873
9. AGE (In years last birthday) 83		10. MONTHS	11. YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cattle dealer, Live Stock		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
11. BIRTHPLACE (City and State or Foreign Country) Jonesville, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luther Gillett		13b. MOTHER'S MAIDEN NAME Hannah Lane	14. NAME OF HUSBAND OR WIFE not given
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS S.W. Crowley, RR #2, St. Joseph, 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 INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		Coronary arteriosclerosis	
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		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)	4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug 2, 1956 to Aug 3, 1956, that I last saw the deceased alive on Aug 3, 1956, and that death occurred at 11:45 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John T. Rogers M.D.		23b. ADDRESS Kirkpatrick Bldg., City	23c. DATE SIGNED Aug 4, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Topeka, Kansas
DATE REC'D BY LOCAL REG. Aug 15, 1956	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emma Clark St. Joseph, Mo.	

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..... *Evan A. Clark*

Licensed Embalmer No... *423*

P. O. Address *St Joseph, Mo*

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.