No. 300
10.48

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31298

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bedford
c. LENGTH OF STAY (in this place): 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln County Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Hawkpoint
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 057 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): MAE
c. (Last): GILILLAND

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1956

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 21 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Middletown MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ted Tully
13b. MOTHER'S MAIDEN NAME: Bessie Hammett
14. NAME OF HUSBAND OR WIFE: Alfred Gililland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wanda Seifert — ADDRESS: Hawkpoint 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation
DUE TO (c): Generalized Athro-Sclerosis

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: 5702
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* Sept 15, 1956 *to* Sept 17, 1956, *that I last saw the deceased alive on* Sept 17, 1956 *and that death occurred at* 10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Creech M.D.
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: 9-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 21, 56
24c. NAME OF CEMETERY OR CREMATORY: Hawkpoint Cem.
24d. LOCATION (City, town, or county) (State): Hawkpoint MO.

DATE REC'D BY LOCAL REG.: Sept 22-1956
REGISTRAR'S SIGNATURE: Emma B. Riddle
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy — ADDRESS: Troy Mo

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.