

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44509

State File No. ....

FILED JAN 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6177 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Buchanan Twp.</u>	c. LENGTH OF STAY (In this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Buchanan Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4 mi. NW Green City</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. NW Green City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>	b. (Middle) <u>Olive</u>	c. (Last) <u>Gill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oliver R. Woy</u>	13b. MOTHER'S MAIDEN NAME <u>Ursula Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Ray Gill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Gill, Green City, Mo.</u>	ADDRESS _____
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Cardiac De-compensation</u>		<u>2 years</u> <u>4 years</u>
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"/>
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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) <u>592X</u>
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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? _____
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22. I hereby certify that I attended the deceased from June 12, 1956 to Dec 20, 1956, that I last saw the deceased alive on Dec 20, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Gill Jr.</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Green City, Mo.</u>	23c. DATE SIGNED <u>Dec 22, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 22, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkeye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-2-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Hatton</u>	ADDRESS <u>Green City, Mo.</u>
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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 .....  
Student Embalmer

Signed.....

*Harold R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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 this body is not embalmed, fact should be so stated above.