

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

939

STATE FILE NUMBER

Kotze  
FILED JAN 14 1957Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> <u>23960</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2658 N. Howard</b>		Length of stay in lb <b>4 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>2658 N. Howard</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>A.</b> Last <b>GILLELAND</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>4</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11 Jan. 1885</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>John T. Tilleland</b>	
14. MOTHER'S MAIDEN NAME <b>Nora McClellan</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Orene Harris</b> Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Uremia</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Chronic Pyelonephritis</i></u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u><i>Chronic Emphysema</i></u>			INTERVAL BETWEEN ONSET AND DEATH <u><i>2 weeks</i></u> <u><i>1 year</i></u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u><i>14 March 1956</i></u> to <u><i>4 Jan. 1957</i></u> and last saw <u><i>him</i></u> alive on <u><i>28 Dec. 1956</i></u> Death occurred at <u><i>4:25 P.M.</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u><i>W. Kotze M.D.</i></u>		22b. ADDRESS <b>Springfield, Missouri</b>	
22c. DATE SIGNED <b>5 Jan. 1957</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <b>1-7-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Manley Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Greene County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <u><i>J. W. Wagner &amp; Co.</i></u>		ADDRESS <b>Spfld. Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>1-8-57</b>		26. REGISTRAR'S SIGNATURE <u><i>W. H. Williams</i></u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Ogden Stone Jr.*

Licensed Embalmer No. 417

P. O. Address *Springfield*

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