

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **4322**  
Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **129-A**

FILED MAR 4 1957

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Everton Mo</b> <b>0290</b> 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>Baptist Hospital</b> Length of stay in 1b <b>2mo.</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Tim</b> Middle <b>Gillasp</b> Last <b>Gillasp</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>2</b> Year <b>1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>Feb 12, 1869</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Month <b>11</b> Days <b>20</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Ceder Co Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>usa</b>	
13. FATHER'S NAME <b>George H Gillasp</b>			14. MOTHER'S MAIDEN NAME <b>Amanda Kirby</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs Elma B Edmonston</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) <b>Broncho pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			
		DUE TO (c) <b>right femur</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Fracture, simple, comminuted intertrochanteric</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <b>4200F</b>				
20c. TIME OF INJURY <b>4 a.m.</b>					
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 <b>8 Nov 1956</b> to <b>2-2-57</b> and last saw <sup>her</sup> him alive on <b>2 Feb 57</b> Death occurred at <b>1:00pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) <b>Stanley A. Ekman M.D.</b>			22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>21 Feb 57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>Feb 5 1957</b>	<b>Sinking Creek</b>		<b>Dade Co Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>W.R. Allison Greenfield Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-26-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *W. R. Allison*

Licensed Embalmer No. *44*

P. O. Address *Greenville*

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.