FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4404
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunshine Home Acres — Length of stay in Ib 2½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Fair Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First John Middle R Last Gillham
4. DATE OF DEATH Month Feb. Day 25 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 10-12-1864
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Hancock County, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. —
17. INFORMANT Institution Records Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 15 yr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1, 56 to Feb 25, 57 and last saw him alive on Feb 19-57
Death occurred at 1 o'clock p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Earl D. Russell MD (Degree or title)
22b. ADDRESS 1503 S. Glenstone Springfield Mo
22c. DATE SIGNED 2-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-25-57
23c. NAME OF CEMETERY OR CREMATORY Oaklawn
23d. LOCATION (City, town, or county) (State) Buffalo, Mo.
24. FUNERAL DIRECTOR Jones of Buffalo, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 2-28-57
26. REGISTRAR'S SIGNATURE Forest Wellerman

(Licensed Embalmer's Statement on Reverse Side)

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 e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....Gene C. Hunter....

Licensed Embalmer No. 47

P. O. Address Buffalo,

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.