

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
D  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Muscatine City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Independence</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cotterpath</i>			Length of stay in lb <i>1 wk.</i>		d. STREET ADDRESS (If outside, give location) <i>1915 Vermont</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Forest</i> Middle Last <i>Gilley</i>				4. DATE OF DEATH Month <i>May</i> Day <i>22</i> Year <i>1957</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 22, 1887</i>		9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Bldg Contractor</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	11. BIRTHPLACE (City and state or county) <i>Vibharl - Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>William H. Gilley</i>		13b. MOTHER'S MAIDEN NAME <i>Susan E. Allison</i>		14. NAME OF HUSBAND OR WIFE <i>Georgia Gilley</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Georgia Gilley</i> Address <i>Indes. Mo</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic carcinoma of lung</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Adenocarcinoma of sigmoid colon</i>						1 1/2 yrs	
DUE TO (c)						153 X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>May 15, 1957</i> to <i>May 22, 57</i> and last saw her/him alive on <i>May 22, 1957</i> Death occurred at <i>11:50 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Earle G. Sperry</i>				22b. ADDRESS <i>5811 Truman Rd Ke</i>		22c. DATE SIGNED <i>May 24, 1957</i>	
23a. BURIAL, CREMATION, (REMOVAL) Specify <i>Burial</i>		23b. DATE <i>May 25-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge</i>		23d. LOCATION (City, town, or county) (State) <i>Independence Mo</i>		
24. FUNERAL DIRECTOR <i>Roland R. Speaks</i>			ADDRESS <i>Indep. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-25-57</i>	26. REGISTRAR'S SIGNATURE <i>Neil Marshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Earle G. Sperry

KF  
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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Roland R. Speaks* .....  
Licensed Embalmer No. *3604* .....  
P. O. Address *July 1900* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.