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FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23467
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 West St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Cassville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 504 West — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARTHA Middle E. Last GILLIAM
4. DATE OF DEATH Month July Day 26 Year 1957
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH February 28, 1866
9. AGE (In years last birthday) 91 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and state or country) Minnesota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME F. M. Horn
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Mrs. W. T. Baker-Cassville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure — 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Essential Hypertension — 10 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443 X
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 Jan. 1944 to July 26-1957 and last saw her/him alive on July 26-1957
Death occurred at 2:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. McDaniel, MD (Degree or title) 2
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 7-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burail
23b. DATE 7-28-1957
23c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery
23d. LOCATION (City, town, or county) (State) Seligman, Missouri

24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Missouri
25. DATE RECD. BY LOCAL REG. 8-1-57
26. REGISTRAR'S SIGNATURE Grace Williams

(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 857-135

DATE REC. 8-5-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4-

P. O. Address Cassville

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.