

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28655**

No. 300
10.48

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Mo. b. COUNTY Linn	
b. CITY OR TOWN Brookfield		c. CITY OR TOWN Bucklin, Mo.	
c. LENGTH OF STAY (In this place) 1 Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield Nursing Home			
e. STREET ADDRESS (If rural, give location) 0588			

3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) A. c. (Last) Gillespie			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1957		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Nov. 16, 1871		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 1 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 Foreign Country) Golden, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Rastus Gillespie		13b. MOTHER'S MAIDEN NAME Louisa Howk		14. NAME OF HUSBAND OR WIFE Margaret Gillespie (deceased)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Wilson, Bucklin, Mo.	
(If yes, give war or dates of service)		NO.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Upper gastric intestinal hemorrhage.		DUPLICATE OF (b) Carcinoma of Stomach				3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c) Serious				6 mo (3)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Serious					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		151X					

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 8/17/57, 1957, to 9/5/57, 1957, that I last saw the deceased alive on 9/5/57, 1957, and that death occurred at 10:55pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth W. Johnson M.D.		23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 9/6/57	
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE Sept. 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Bucklin, Mo.	
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DATE REC'D BY LOCAL REG. 9-6-'57		REGISTRAR'S SIGNATURE Katharine Johnson		25. FUNERAL DIRECTOR'S SIGNATURE C. D. Larson		ADDRESS Bucklin, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address..... Bucklin, Mo.

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.