

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037053  
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 250

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1701 Webster		Length of stay in lb 6 Mo.	369 <sup>1/2</sup> STREET ADDRESS (If outside, give location) 4520 Main St.
3. NAME OF DECEASED (Type or print) First Middle Last BONNIE GILLESPIE		4. DATE OF DEATH Month Day Year Nov. 7, 1958	
5. SEX Fem. /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 23, 1900
9. AGE (In years) 58 (birthday)		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) Sales clerk		10b. KIND OF BUSINESS OR INDUSTRY Drug store	11. BIRTHPLACE (City and state or country) Bethany, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jack Joyce	
13b. MOTHER'S MAIDEN NAME Dove Scott		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XX		16. SOCIAL SECURITY NO. 500-22-4246	17. INFORMANT Mrs. Robert McBride, Chillicothe, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of female</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Female Metastasis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561			INTERVAL BETWEEN ONSET AND DEATH 6 mos
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>from 5</u> to <u>7</u> and last saw her alive on <u>6 Nov 58</u> Death occurred at <u>2:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W D Nordman M.D.</u>		22b. ADDRESS <u>Chillicothe Mo</u>	
22c. DATE SIGNED <u>10 Nov 58</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Nov. 10, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Donald Gordon, Chillicothe, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-11-58</u>	
26. REGISTRAR'S SIGNATURE <u>Frances R Neill</u>			

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.

*Chillicothe*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

APR 8 1959

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 *Richard H. Randall* .....

Licensed Embalmer No. *4866* .....  
P. O. Address *Chillicothe* .....

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.