

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040694

STATE FILE NUMBER

FILED DEC 3 1958

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 271

S. 300 4
1-57

1. PLACE OF DEATH a. COUNTY <i>Livingson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Chillicothe</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kidder, Mo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Susan's Nursing Home</i>		Length of stay in 1b <i>16 days</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY K. GYERIN</i>			4. DATE OF DEATH Month Day Year <i>Nov. 26, 1958</i>
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-25-1895</i>
9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) <i>87 1/2</i>		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>Doctor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General Practice</i>	11. BIRTHPLACE (City and state or county) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>W. W. Gillispie</i>		13b. MOTHER'S MAIDEN NAME <i>Jane Seidel</i>	14. NAME OF HUSBAND OR WIFE <i>deceased</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT Address <i>Arthur Gillispie, Beckenside, 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>Medullary failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial Ischemia</i>			<i>10 days</i>
DUE TO (c) <i>arteriosclerosis of coronary vessels</i>			<i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of Rt Colon, mal-nutrition 4201H</i>			18. 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 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>10/24/58</i> to <i>11/24/58</i> and last saw her alive on <i>11/24/58</i> Death occurred at <i>3:25 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Glovesbough DO 2</i>		22b. ADDRESS <i>Beckenside, Mo</i>	22c. DATE SIGNED <i>11/24/58</i>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <i>Nov. 28, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Kidder Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kidder, Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Mead P & S Funeral Service 4 B 77 Beckenside, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11 26 158</i>	26. REGISTRAR'S SIGNATURE <i>Francis B. Neill</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

71

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 JOHN W. PITTS, Student Embalmer No. 564

working under my personal supervision.

Student John W. Pitts
Signature of Student Embalmer

Signed Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Praymer

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.