

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020083

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 326

Primary Registration District No.

Registrar's No. 20

S. 300
v. 1-57

90

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

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Memphis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 88 yrs.	STREET ADDRESS (If outside, give location) 099 1/2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Viola Gillespie			4. DATE OF DEATH Month Day Year May 13 1959
5. SEX female	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 Feb. 3, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years (last birthday)) 88
11. BIRTHPLACE (City and state or country) Memphis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lorenzo Reckard		13b. MOTHER'S MAIDEN NAME Mary Neal	14. NAME OF HUSBAND OR WIFE William Wallace Gillespie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Jessie Ammerman Address Memphis, 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) Ovarian adenocarcinoma.			INTERVAL BETWEEN ONSET AND DEATH 3 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			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"/>	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 May 1946 to May 13, 59 and last saw her alive on May 13 - 1959 Death occurred at 9:00 a.m. May 13 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) E. E. Lillard M.D.		22b. ADDRESS Memphis, Mo.	22c. DATE SIGNED 5-18-59
23a. BURIAL, CREMATION, REINTERMENT (Specify) burial	23b. DATE 5-15-1959	23c. NAME OF CEMETERY OR CREMATORY Memphis	23d. LOCATION (City, town, or county) (State) Memphis Mo.
24. FUNERAL DIRECTOR W. H. Payne & Sons		ADDRESS Memphis, Mo.	25. DATE RECD. BY LOCAL REG. 5-19-59
26. REGISTRAR'S SIGNATURE Vera G. Purmer			

AUG 24 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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis, 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.