

FILED VS MAR 29 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010386

STATE FILE NUMBER

Registration District No. 8L

Primary Registration District No. 5222

Registrar's No. 6-1960

S. 300
v. 1-57

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 <u>Crawford</u>			2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Leasburg, Mo. 64801</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Length of stay in lb <u>12 years</u>	d. STREET ADDRESS (If outside, give location) <u>1 mi. N. of Leasburg on Spur</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ernie Thomas Gilles</u>			4. DATE OF DEATH Month Day Year <u>March 9 1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 3 1903</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>56</u> Days <u>10</u> Hours <u>6</u> IF UNDER 24 HRS.: Hours <u>6</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bell City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James R. Gilles</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Plunk</u>		14. NAME OF WIFE <u>Thelma Herrin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>335-05-503</u>	17. INFORMANT Address <u>MRS Thelma Gilles Leasburg, Mo. 4200</u>		
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>Cardiac Arrest</u> INTERVAL BETWEEN ONSET AND DEATH <u>Min.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Myocardial Infarction</u> <u>2 Hrs</u> DUE TO (c) <u>Arterio-sclerotic Ht. Disease</u> <u>years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or Title) <u>Donald W. Duffel M.D.</u>			22b. ADDRESS <u>Bowling MO</u>		22c. DATE SIGNED <u>10 MAR 60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIED</u>	23b. DATE <u>March 10 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Park</u>		23d. LOCATION (City, town, or county) (State) <u>Chicago Illinois</u>	
24. FUNERAL DIRECTOR Address <u>Norman C. Hoener Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 10, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Paul Q. Shambaugh</u>	

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MAR 3 0 1960

STATEMENT BY LICENSED EMBALMER

0961 6 2 MAR
MAR 2 9 1960

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

Norman D. Doerner

Licensed Embalmer No. *4673*

P. O. Address *Chicago, 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.