URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039050
STATE FILE NUMBER

FILED VS OCT 20 1960

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 58

NDED

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston, Mo.. Length of stay in 1b 64 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston, Missouri Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 303 S. Virginia Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ananias Middle (Buck) Last Gillispie
4. DATE OF DEATH Month Oct Day 1, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/3.1882
9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer Contractor
10b. KIND OF BUSINESS OR INDUSTRY Contractor
11. BIRTHPLACE (City and state or country) Hanibal, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Daniel Gillispie
13b. MOTHER'S MAIDEN NAME Mary Scheffer
14. NAME OF HUSBAND OR WIFE Mina Gillispie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 487 14 3635
17. INFORMANT Address Dan Gillispie Charleston, 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) Presumed to be natural causes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coroner of Miss. Co. notified
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dorothy B. Hackhorn Local Registrar
22b. ADDRESS Charleston Mo.
22c. DATE SIGNED 10-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/4/60
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR ADDRESS Mc Mikle Charleston, Mo.
25. DATE RECD. BY LOCAL REG. 10-13-60
26. REGISTRAR'S SIGNATURE Dorothy B. Hackhorn

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elgin McMullen

Licensed Embalmer No. 4695

P. O. Address Charlestown,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.