

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025900

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6521 STATE FILE NUMBER

FILED JUN 28 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 4 mo

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 5855A Page Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Robert Gilliam

4. DATE OF DEATH Month Day Year 6 19 63

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-1-1894 9. AGE (at birthday) 68 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ARCOLA MISS. 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Josh Gilliam 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO 17. INFORMANT Address Rosie Livingston 5855 Page

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Probable Massive Pulmonary Embolism

Phlebothrombosis - Femoral?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 466x

DUE TO (c)

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 6-15-63 to 6-19-63 and last saw him alive on 6-19-63

Death occurred at 1:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2601 N. Whittier 22c. DATE SIGNED 6-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6-24-63 23c. NAME OF CEMETERY OR CREMATORY Oakdale 23d. LOCATION (City, town, or county) (State) Lemaay 22 mo

24. FUNERAL DIRECTOR ADDRESS PRICE UND. CO 2829 Washington 25. DATE RECD. BY LOCAL REG. JUN 21 1963 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

