

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031793

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 63-56 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10290

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greenfield</b>		Length of stay in 1b <b>1 month</b>	c. CITY OR TOWN <b>Arcola</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>198 E. Water St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>East part of town</b>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Walter</b> Last <b>Gillen</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>23</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-18-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Dade County, Mo.</b>
13a. FATHER'S NAME <b>Sanford Gillen</b>		13b. MOTHER'S MAIDEN NAME <b>Ester Phipps</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Lee Gillen</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Cecil Gillen; Stockton, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarct</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Coronary Insufficiency</b>			
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>TWO previous myocardial Infarcts</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ 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 <b>MAR 29, 1963</b> to <b>Aug 23, 1963</b> and last saw <sup>him</sup> alive on <b>Aug 16, 1963</b> Death occurred at <b>8:40</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold Bauer, M.D.</b>		22b. ADDRESS <b>Lockwood, Missouri</b>	22c. DATE SIGNED <b>8-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 25, 1963</b>	23c. NAME OF CEMETERY OR CALVATORY <b>Gum Springs Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Cedar County, Mo.</b>
24. FUNERAL DIRECTOR <b>J. C. Canada; Greenfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/25/1963</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>

USE BLACK INK OR TYPEWRITER RIBBON  
**Harold Bauer, M.D.**

SEP 12 1963

**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

*J. C. Canada*

Licensed Embalmer No. 4196

P. O. Address Greenville, 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.