

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 230

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 50 Yrs.		d. STREET ADDRESS (If rural, give location) 3512 1/2 Penn Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3512 1/2 Penn Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Archie	b. (Middle) Hamilton	c. (Last) Gilmore	4. DATE OF DEATH (Month) (Day) (Year) January 20, 1951.
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1882.	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (State or foreign country) Stewartville, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hamilton Gilmore	13b. MOTHER'S MAIDEN NAME Jannie Heiner	14. NAME OF HUSBAND OR WIFE Josephine Gilmore
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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. 487-05-1327	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Gilmore	ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 YEARS</u> <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			<u>OK</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Home</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>1-20, 1951, 6:30P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home</u>
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22. I hereby certify that I attended the deceased from 6-23, 1947, to 1-20, 1951, that I last saw the deceased alive on 1-20, 1951, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen Erdman M.D.</u>	23b. ADDRESS <u>620 7th Ave</u>	23c. DATE SIGNED <u>1-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 23, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stewartville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stewartville, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl E. Caspary</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *****

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working under my personal supervision.

Student Embalmer No. *****

Signed Raymond H. Herberich

Signed *** *****
Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St/ Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.