

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 432

FILED FEB 4 1952

0143  
#  
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Callaway</u>		admission).	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. LENGTH OF STAY (in this place or township) <u>8 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		<u>01430</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. W. 7th St.</u>				d. STREET ADDRESS (If rural, give location) <u>8th 7th St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>WILLIAM</u>			b. (Middle) <u>GILMAN</u>			c. (Last)	
(Type or Print)			Date			(Month) (Day) (Year)	
<u>WILLIAM</u>			<u>GILMAN</u>			<u>Jan 26 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH	
						9. AGE (in years last birthday) Months Days Hours Mins. <u>72 3 5</u>	
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 (State or foreign country) <u>Callaway co. mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mitchell Gilman</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Payne</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>M. Euba Lawrence Fulton mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar Paralysis</u>				<u>None (None)</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Arthritis</u>				<u>11 or</u>	
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1907</u> to <u>Jan 26, 1952</u> that I last saw the deceased alive on <u>Jan 25, 1952</u> and that death occurred at <u>2.0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Euba Lawrence MD</u>				23b. ADDRESS <u>R #6 Fulton</u>		23c. DATE SIGNED <u>Jan 28 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county), (State)	
<u>Funeral &amp; Jan 29-1952</u>		<u>Jan 29-1952</u>		<u>Stedman mo</u>		<u>mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Funeral Home</u>		ADDRESS <u>Fulton mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed

*J. J. Raddon*

Licensed Embalmer No. *2555*

P. O. Address *Quinton 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 this body is not embalmed, fact should be so stated above.