

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5801

5953 State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY PIKE 0820		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-BUFFALO		c. CITY (If outside corporate limits, write RURAL and give township) KISSINGER 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 MILES SOUTH OF LOUISIANA		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ROBERT c. (Last) GILMORE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 13, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED NEVER MARRIED		8. DATE OF BIRTH JULY 26, 1936	
9. AGE (In years last birthday) 18		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) TURPIN, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME WILLIAM W. GILMORE	13b. MOTHER'S MAIDEN NAME VELMA BAYE	14. NAME OF HUSBAND OR WIFE
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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. 498-38-6680	17. INFORMANT'S SIGNATURE OR NAME WILLIAM W. GILMORE - LOUISIANA, MO	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Trauma to heart		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed chest		
	DUE TO (c) Automobile accident		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 79	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Louisiana Pike Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 13 1955 1300	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car overturned on icy pavement

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, and that death occurred at **1304** m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Mudd	(Degree or title) Coroner	23b. ADDRESS 3 Building Green Mo.	23c. DATE SIGNED Feb 14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb 13, 1955	24c. NAME OF CEMETERY OR CREMATORY FOHIA, CEMETERY FOHIA, MO.	24d. LOCATION (City, town, or county) (State) FOHIA, MO.
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DATE REC'D BY LOCAL REG. Feb 15, 1955	REGISTRAR'S SIGNATURE Bernice Collier	374	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1955

FEB 23 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed, *Geo. M. Collier*

Signed.....
Student Embalmer

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.