

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959 379

59-043199

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 4557 Registrar's No. 27

INDEXED

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MANSEFIELD</b>		Length of stay in lb <b>5 HRS.</b>	c. CITY OR TOWN <b>WILLOW SPRINGS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>REX</b> Middle <b>ANDREW</b> Last <b>GILMORE</b>			4. DATE OF DEATH Month <b>11</b> - Day <b>17</b> - Year <b>59</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>3-10-1912</b>	9. AGE (last birthday) <b>47</b>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HIGHWAY DEP.</b>		11. BIRTHPLACE (City and state or country) <b>GRANBY, MO.</b>		
10c. CITIZEN OF WHAT COUNTRY <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>JAMES A. GILMORE</b>		
13b. MOTHER'S MAIDEN NAME <b>OLIVE WALKER</b>		14. NAME OF HUSBAND OR WIFE <b>VIRGINIA GILMORE</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>486-24-7156</b>		17. INFORMANT <b>VIRGINIA GILMORE, Willow Springs</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Probably Coronary Occlusion</b>		<b>INSTANT</b>
DUE TO (b) _____		
DUE TO (c) <b>died while at work.</b>		

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.	
		<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>Nov 17, 1959</b> and last saw her <b>him</b> alive on _____ Death occurred on <b>11-17-59</b> at <b>12:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>Frank Seale coroner</b>		22b. ADDRESS <b>St. Louis, Mo.</b>	22c. DATE SIGNED <b>11-17-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>11-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CABOOL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>CABOOL, MO.</b>
24. FUNERAL DIRECTOR <b>Elliott-Gentry</b>		25. DATE RECD. BY LOCAL REG. <b>11-20-59</b>	26. REGISTRAR'S SIGNATURE <b>St. Louis</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 1 1959

VS DEC 2 1959

VS DEC 2 1959

**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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 7

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.