

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27375

State File No.

Registrar's No. 253

FILED SEP 12 1949

Primary Registration District No. 40-68-5171

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

1. PLACE OF DEATH: Callaway

(a) County Callaway

(b) City or town MOKANE RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Arthur
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community WIFE years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. MOKANE R.F.D.#1
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country NO.

3. (a) PRINT FULL NAME Lucy V. Gilman

3. (b) If veteran, name war NO

3. (c) Social Security No. N2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1949 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-19 1948, to 8-7 1949

4. Sex FEMALE 5. Color or race White

6. (a) 2 divorced, 2 widowed, 1 married

6. (b) Name of husband or wife MITCHELL GILMAN

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: NOV. 22 1856
(Month) (Day) (Year)

that I last saw her alive on 8-6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Chronic Nephritis Arteriosclerosis Duration 36h

8. AGE: Years 87 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace CALLAWAY CO MO
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions Cystitis
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM PAYNE

13. Birthplace OK. (City, town, or county) (State or foreign country)

14. Maiden name OK.

15. Birthplace OK. (City, town, or county) (State or foreign country)

Major findings: Of operations 131

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Gilman

(b) Address McCordie, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-1949
(Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW STEEDMAN

18. (a) Signature of funeral director Glen Y. Morgan

(b) Address 712 Court St. Fostoria, Mo

19. (a) 8-9-1949 (Date received local registrar) (b) Joie M. Mowbray (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. O. Payne (M. D. or other) _____

Address R # 6 Fostoria Date signed 8/15/49

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed..... 9-9-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Glen Y. Maupin*

Licensed Embalmer No. *2725*

P. O. Address..... *Fulton, 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.