

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18330

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 12781	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Vernon		a. STATE Missouri		b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (in this place) (township) 55-6-15		c. CITY (If outside corporate limits, write RURAL and give township) Nevada		1 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home - 1106 East Hickory St.				d. STREET ADDRESS (If rural, give location) 1106 East Hickory St. 5			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
ULMONT		EARL		GILMORE			
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX (Male) (Female)		6. COLOR OR RACE (White) (Negro) (Other)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
April 21 - 1949		Male		White		Married	
8. DATE OF BIRTH (Month) (Day) (Year)		9. AGE (In years last birthday) (Months) (Days)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Oct 6 - 1893		55 - 6 15		Mechanic		Mechanic	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Iowa, Mo.		USA		Marion Gilmore		Georgia Wilson	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME	
Lera M. Gilmore		No		491-05-8075		Mrs. Lera M. Gilmore Nevada	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive C.V.R. DISEASE				INTERVAL BETWEEN ONSET AND DEATH YEARS			
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) MALIGNANT Hypertension			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS				-142X			
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 checked="" type="checkbox"/>	
none							
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)			
none							
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 MAY 1946, to April 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 9:28 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
L. W. Williams, M.D.				Nevada Mo		5-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		4-23-49		Newton Cemetery - Nevada - Vernon County, Mo.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
May 23, 1949		Kathryn H. Yancy		Allen T. Keys		Nevada, Mo	
(Licensed Embalmer's Statement on Reverse Side)							

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

RECEIVED

District Health Officer No. 7

District File Number 4-49-60

Date Filed 3-31-49

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.