

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7625

State File No.

FILED MAR 17 1950

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		<u>OK02</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER ST. CA. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>814 BLUFF</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>BERRY</u> c. (Last) <u>GILMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 8 - 1950</u>						
5. SEX <u>M F W</u>		6. COLOR OR RACE <u>MARRIED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9 - 19 - 1880</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>		IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GEORGE GILMAN</u>			13b. MOTHER'S MAIDEN NAME <u>MAGGIE BOWLAND</u>			14. NAME OF HUSBAND OR WIFE <u>ALMA GILMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES <u>ARTERIOULAR NEPHROSCLEROSIS</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>HYPERTENSION, SEVERE</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>4 yrs</u> <u>446X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input checked="" 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) m.		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>3-1</u> , 19 <u>50</u> , to <u>3-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>50</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>				23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>3-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 8 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>margin Funeral Home Fulton Mo.</u>			

MAR 25 1950 APR 12 1950

----- District File Number -----

District Health Officer No. 9,

RECEIVED MAR 13 1950

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

Walter J. Haines, Jr.

Licensed Embalmer No. *# 557*

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.