No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35929

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6163 Registrar's No. 56

**1. PLACE OF DEATH**
a. COUNTY: STONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" CASS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. #1, CLEVER, MO.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" CASS 1240
d. STREET ADDRESS (If rural, give location): Rt. #1, CLEVER, MO.

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): DAVID
c. (Last): GILMORE

**4. DATE OF DEATH** (Month) (Day) (Year): OCT. 3 1950

**5. SEX**: MALE 0
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: NOV. 16-1871.
**9. AGE** (In years last birthday): 78
If under 1 year: Months: Days:
If under 24 hrs.: Hours: Min.: -

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: RETIRED
**11. BIRTHPLACE** (State or foreign country): GREENE CO.-MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: UNKNOWN
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: AGGIE WILSON, GILMORE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): -
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: EDITH FUGITT
ADDRESS: REPUBLIC-MISSOURI

**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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
4500

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Oct, 1950, *that I last saw the deceased alive on* Oct 3, 1950, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Karl Leidinger Jr (Degree or title) M.D.
**23b. ADDRESS**: Clever Mo
**23c. DATE SIGNED**: 10-5-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL 0
**24b. DATE**: 10-5-1950
**24c. NAME OF CEMETERY OR CREMATORY**: FRAZIER CEMETERY
**24d. LOCATION** (City, town, or county) (State): CHRISTIAN CO., MISSOURI

**DATE REC'D BY LOCAL REG.**: Oct. 7-50
**REGISTRAR'S SIGNATURE**: Lena Murray - Dep.
**25. FUNERAL DIRECTOR'S SIGNATURE**: John Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
No. 5 - Springfield
RECEIVED OCT 18 1950
Death File 1950-2127
Date Filed 10-18-50

## 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: John Alean Harris

Licensed Embalmer No. 4390

P. O. Address Clevey 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.