

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

231

State File No. ....

FILED FEB 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 85

113

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph (rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sparks (rural)</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Violet M.</b> b. (Middle) <b>Gilmore</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>1 8 51</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 6, 1900</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 Hrs. Min. <b>51 7 2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Highland, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>O.D. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Thornton</b>		14. NAME OF HUSBAND OR WIFE <b>J. W. Gilmore</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. W. Gilmore Highland, Kans.</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1-6-51</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive cardiovascular and disease</b> DUE TO (c) <b>Diabetes Mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Barbiturate overdosage</b> <b>Cerebral hemorrhage</b>		Interval between onset and death <b>260X</b> <b>1-4-51</b> <b>1 yr ago</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 1-4, 1951, to 1-9, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. Grant M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>1/9/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5 1/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	24d. LOCATION (City, town, or county) (State) <b>Highland Kansas</b>
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DATE REC'D BY LOCAL REG. <b>JAN. 30, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. L. Kar Troy, Kansas</b>
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**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.

Signed E. H. Kaur

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address Troy, Kansas.

**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.