

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4449

FILED MAR 5 1951

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
396  
0  
Morton  
Coffin

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 177	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1177 Pennsylvania Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) PALISTINE		b. (Middle) LOGAN		c. (Last) GILMORE		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12 June 1872		9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (State or foreign country) Dade County, Missouri		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 Flossie Gilmore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L.H. McGuire, Springfield, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Degeneration of Colon &amp; Spleen</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Thrombosis Rt. Colic Artery</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 48 hr. 5702	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-24, 1951, to 2-26, 1951, that I last saw the deceased alive on 2-26, 1951, and that death occurred at 3:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>David C. Morton M.D.</i>				23b. ADDRESS <i>1635 N. Jefferson Springfield, Mo.</i>		23c. DATE SIGNED 2-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 28 Feb 1951	24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield, Missouri.		
DATE REC'D BY LOCAL REG. 2/27/51		REGISTRAR'S SIGNATURE <i>W.E. Handley M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank C. Thieme, Springfield, Mo.</i>			

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 Fred C. Thiem

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.