

STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1951

State File No. 5681

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BIRTH NO. _____ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Candolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> 0352	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>Erwin</u> (Last) <u>Gilmour</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13-1951</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 26-1894</u>	
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>2</u> DAYS <u>18</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work including most of working life even if retired) <u>Physician & Surgeon</u>		11. BIRTHPLACE (State or foreign country) <u>Boise Idaho</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>James Ellis Gilmour</u>	
13b. MOTHER'S MAIDEN NAME <u>Zerelda Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Fern Gilmour</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1917-1919</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fern Gilmour</u>		ADDRESS <u>Kennett Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Double Lobar Pneumonia</u>		<u>36 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Myocarditis</u> <u>Unknown</u>	
DUE TO (c) <u>Cardiac Asthma</u> <u>Unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deceased in World War #I</u>		<u>1918</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</u>	
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)		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>Jan 10</u> , 1951, to <u>Feb 13</u> , 1951, that I last saw the deceased alive on <u>Feb 13</u> , 1951, and that death occurred at <u>2:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leop. S. Jolly</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>203 1/2 N. Clark Moberly</u>	
23c. DATE SIGNED <u>2/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/13/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>None</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 13-51</u>		REGISTRAR'S SIGNATURE <u>Leop. S. Jolly</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS <u>Funeral Home Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1951

AUG 31 1955

FEB 22 1951

FEB 22 1951

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-395
Date Filed: FEB 19 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

R.M. Carter

Licensed Embalmer No. *4117*

P. O. Address. *Moberly 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.