

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 *Delayed* PRIMARY REG. DIST. NO. 3010 Registrar's No. 224

64

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

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau Co.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY OR TOWN <i>Cape Girardeau</i>	c. LENGTH OF STAY (In this place) <i>10 days</i>	c. CITY OR TOWN <i>Sikeston</i> <i>1803</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Osteopathic Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>ERNEST</i>	b. (Middle) <i>GENE</i>	c. (Last) <i>GILMORE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 28, 1951</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 6, 1890</i>	9. AGE (In years last birthday) <i>60</i>	10. MONTHS <i>6</i>	11. DAYS <i>22</i>	12. IF UNDER 18 HRS. Hours <i>22</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>	11. BIRTHPLACE (State or foreign country) <i>Anniston, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Cave J. Gilmore</i>	13b. MOTHER'S MAIDEN NAME <i>Minnie Bell Carter</i>	14. NAME OF HUSBAND OR WIFE <i>Allie C. Gilmore</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Allie Gilmore</i>	ADDRESS <i>Sikeston, Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>585x</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Circulating Failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial Decompensation</i> <i>Cholelithiasis, appendicitis, Hemorrhoids,</i> DUE TO (c) <i>and finally Repair of Ruptured Divicision.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>5/17, 5/22, 5/25</i>	19b. MAJOR FINDINGS OF OPERATION <i>Gangrenous Gallbladder; Chronic Recurrent Appendicitis; Rectal Prolapse with Hemorrhoids - Ventral Herniation of Divicision</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *May 16, 1951*, to *May 28, 1951*, that I last saw the deceased alive on *May 28, 1951*, and that death occurred at *11 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>D.J. Newell</i>	(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>1055. Spanish Cape, Sikeston, Mo</i>	23c. DATE SIGNED <i>6/6/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 30, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sikeston Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Sikeston, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-11-1951</i>	REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Shelby Post</i>	ADDRESS <i>Pravie</i>
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RECEIVED

JUN 18 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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

*Travis Shelby*

Licensed Embalmer No. ....

*2726*

P. O. Address

*East Prairie, 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.