

STANDARD CERTIFICATE OF DEATH

State File No. **30893**

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4337** Registrar's No. **29**

0690

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Wilson	c. (Last) Gilmore	4. DATE OF DEATH (Month) (Day) (Year) Sept 19 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb 24 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY retired farmer	11. BIRTHPLACE (State or foreign country) Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Gilmore	13b. MOTHER'S MAIDEN NAME Malissa Vance	14. NAME OF HUSBAND OR WIFE Mary Gilmore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Ruby Woods ADDRESS Madison Mo R R
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 15, 1951**, to **Sept 19, 1951**, that I last saw the deceased alive on **Sept 16, 1951**, and that death occurred at **2 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Clohes, M.D.	23b. ADDRESS 0 mobility no	23c. DATE SIGNED Sept 22 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 21	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Madison Mo
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DATE REC'D BY LOCAL REG. 9-23-51	REGISTRAR'S SIGNATURE Anna M. Burditt	25. FUNERAL DIRECTOR'S SIGNATURE L. C. Thompson ADDRESS Madison
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Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1785
Date Filed: OCT 8 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 Wm. Fred A. Kempf

Licensed Embalmer No. 3282

P. O. Address Washington, D.C.

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.