

S. No. 309  
FILED APR 1 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8730

495

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 1147

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN D. O. A. Duenweg 1490	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 4 Blocks N. of School 1	
3. NAME OF DECEASED (Type or Print) John Thomas Gilmore		4. DATE OF DEATH (Month) (Day) (Year) 3-21-1952	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 1-2-1881
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	11. BIRTHPLACE (State or foreign country) McDonald County, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Zinc-Lead Mines	12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Robert Gilmore		13b. MOTHER'S MAIDEN NAME Martha Williams	14. NAME OF HUSBAND OR WIFE Jennie Gilmore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-07-7676	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Gilmore, Duenweg, Missouri
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Active tuberculosis generalized DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 10, 1950 to Dec 19, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Jones, Jr., County Coroner, Joplin, Mo		23b. ADDRESS	23c. DATE SIGNED 3/25/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-23-1952	24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery	24d. LOCATION (City, town, or county) (State) Diamond, Missouri
DATE REC'D BY LOCAL REG. 3-28-52	REGISTRAR'S SIGNATURE Ed. J. Jones 138 by Salvo Lemphis	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort., Joplin, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-31-52  
Jasper County Health Office  
County File Number 52/3/267  
Date Filed 3-31-52

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 Gene A. Deunhae

Signed.....  
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Jasper, 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.