

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34599

State File No.

FILED NOV 13 1952

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 90

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

1. PLACE OF DEATH a. COUNTY DENT			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY DENT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 Salem		c. LENGTH OF STAY (In this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUNKER 0730		d. STREET ADDRESS (If rural, give location) CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home			3. NAME OF DECEASED a. (First) James b. (Middle) — c. (Last) Bilmore		
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1952				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 23, 1895	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber worker	10b. KIND OF BUSINESS OR INDUSTRY Tie worker	11. BIRTHPLACE (State or foreign country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Bilmore		13b. MOTHER'S MAIDEN NAME Susan Jones		14. NAME OF HUSBAND OR WIFE Minnie Bilmore	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Bilmore, Bunker, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and DUE TO (c) Senility				5 wks
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. 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				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)		332X	
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 7-26-1951 , to 8/22/52 , that I last saw the deceased alive on 10-30-1952 , and that death occurred at 9:30 PM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Joseph R. Burnett, D.O.			23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 10/31/52
24a. HOSPITAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-1-52	24c. NAME OF CEMETERY OR CREMATORY Day Cemetery	24d. LOCATION (City, town, or county) (State) Bunker, Mo.		
DATE REC'D BY LOCAL REG. 11-4-52	REGISTRAR'S SIGNATURE M.M. Hart, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. ...	ADDRESS Salem, Mo.		

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.