No. 300
10.48

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

FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 689

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORTH KANSAS CITY
c. LENGTH OF STAY (in this place): 1 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2314 SWIFT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORTH KANSAS CITY 6001
d. STREET ADDRESS (If rural, give location): 2314 SWIFT 6

3. NAME OF DECEASED (Type or Print): a. (First) TERRY b. (Middle) RAY c. (Last) GILMORE

4. DATE OF DEATH (Month) Feb (Day) 2 (Year) 1953

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) NEVER MARRIED **8. DATE OF BIRTH** OCT 4 1947 **9. AGE** (In years last birthday) 4 IF UNDER 1 YEAR: Months 3 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lockwood, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Eugene Gilmore
13b. MOTHER'S MAIDEN NAME Ruth Licklamp
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Eugene Gilmore **ADDRESS** 2314 SWIFT

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: 5 277

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Cardiac Deficiency — Patent Foramen ovale

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 O. S. Pain M.D. Coroner (Degree or title) **23b. ADDRESS** North Kansas City Mo **23c. DATE SIGNED** 2/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** Feb 2-53 **24c. NAME OF CEMETERY OR CREMATORY** Greenfield **24d. LOCATION** (City, town, or county) Greenfield Mo. (State)

DATE REC'D BY LOCAL REG. 2-2-53 **REGISTRAR'S SIGNATURE** Beulah Kitchen 63-0 **25. FUNERAL DIRECTOR'S SIGNATURE** Allison Funeral Home **ADDRESS** Greenfield Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1953

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 Glenn H. Hill

Signed .....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.