.S. No. 300
v. 10.48

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

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17408

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 245 W. Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty 6001
d. STREET ADDRESS (If rural, give location): 245 W. Franklin 0

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Denny
c. (Last): Gilmer

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow 2

8. DATE OF BIRTH: Jan. 2, 1867

9. AGE (In years last birthday): 86 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Liberty, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John A. Denny

13b. MOTHER'S MAIDEN NAME: Harriet Marsh

14. NAME OF HUSBAND OR WIFE: Irving Gilmer

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 ADDRESS: Minnie I. Gilmer, Liberty, Mo.

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) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Indef.

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. Hemiplegia 10 yr ago.

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* May, 1940, *to* June 2, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W. Handrick (Degree or title) MD

23b. ADDRESS: Liberty - Mo

23c. DATE SIGNED: 6/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-4-53

24c. NAME OF CEMETERY OR CREMATORY: Mt. Memorial Cemetery

24d. LOCATION (City, town, or county) (State): Liberty, Missouri

DATE REC'D BY LOCAL REG.: June 4-1953

REGISTRAR'S SIGNATURE: Mabel Graham 491

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Tyler-Pasley Funeral Home Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty 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.