

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24425

State File No. _____

FILED AUG 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove, Rural</u>		0390 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>			d. STREET ADDRESS (If rural, give location) <u>Rt # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>GILMORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 2: 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 10, 18</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Willard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Howard East</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Wadlow</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Gilmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evelyn Richter Oak Grove Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> 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. <u>Gen. Arteriosclerosis -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u> <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>330X</u>				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) (Min)		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 <u>8/1</u> , 19 <u>53</u> , to <u>8/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>53</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Bry D Callaway MD</u>			23b. ADDRESS <u>Springfield</u>		23c. DATE SIGNED <u>8/2/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 4 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Willard, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-4-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brim Daniel Oak Grove Mo</u>	

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

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 _____

David L. Samuel

Licensed Embalmer, No. *4702*

P. O. Address *Cash Grove, N.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.