

STANDARD CERTIFICATE OF DEATH

State File No. **10963**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Deerfield	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		e. STREET ADDRESS (If rural, give location) 1080 W	

3. NAME OF DECEASED (Type or Print) a. (First) Connie b. (Middle) Jean c. (Last) Gilman			4. DATE OF DEATH (Month) (Day) (Year) March 14 1954				
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 28, 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fort Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Gilman		13b. MOTHER'S MAIDEN NAME June Pettibon		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Gilman Deerfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Don't know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **Mar 14, 1954**, to **Mar 14, 1954**, that I last saw the deceased alive on **Mar 14, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Love (Degree or title) MD		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 3-18-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery		24d. LOCATION (City, town, or county) (State) Deerfield Missouri	
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DATE REC'D BY LOCAL REG. 3-17-1954		REGISTRAR'S SIGNATURE Anna E. Ferry 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home Nevada, Mo.	
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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 L. Ingle s Ferry....., Student Embalmer No. 492..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1760.....

P. O. Address Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.