

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31032

State File No.

BIRTH NO. 62789-54 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 479

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>CARL JUNCTION</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 HRS.</u>		e. STREET ADDRESS (If rural, give location) <u>210 CHITWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GARY</u>	b. (Middle) <u>DEAN</u>	c. (Last) <u>PILGRIM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 22 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 22 1954</u>	9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 1 HR. Hours <u>4</u> Min. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>ROBERT D. PILGRIM</u>	13b. MOTHER'S MAIDEN NAME <u>JUNE ERIS KNIGHT</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT D. PILGRIM</u>	ADDRESS <u>CARL JUNCTION</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH... <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity @ 5 1/2 mos</u> DUE TO (c) <u>?</u>		
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 <u>7625</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Birth, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 9:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. D.</u>	23b. ADDRESS <u>Inisco Bldg., Joplin</u>	23c. DATE SIGNED <u>9.24.54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 23 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DUDMAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>JASPER COUNTY Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-24-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 27 1954  
Jasper County Health Office  
County File Number 54-9-82  
Date Filed SEP 27 1954

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.....  
Signature of Student Embalmer

Signed *Paul Glover*.....

Licensed Embalmer No. 45

P. O. Address *Joplin*

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.