

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18894****2203**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>El Paso</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>	c. CITY OR TOWN <u>Colorado Springs</u>		d. Is 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 <u>St. Maria's Hospital</u>			STREET ADDRESS (If rural, give location) <u>115 S. 23rd St. 4050 8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAN</u>		b. (Middle) <u>a.</u>	c. (Last) <u>PILGRIM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-31-1881</u>	9. AGE (In years last birthday) <u>73</u>	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) <u>retired foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shain Elevator Cooper co. mo.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Pilgrim</u>	13b. MOTHER'S MAIDEN NAME <u>Bella Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Lyla Pilgrim</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>490-05-8041</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lyla Pilgrim, Colo. Springs Colo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL INFARCT.</u>					
INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
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			20. AUTOPSY? YES <input checked="" 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)		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>5-20, 1955</u> , to <u>5-20, 1955</u> , that I last saw the deceased alive on <u>5-20, 1955</u> , and that death occurred at <u>1:17 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. J. Stelmach</u> (Degree or title)			23b. ADDRESS <u>408 1/2 W. 75th K.C. Mo</u>		23c. DATE SIGNED <u>5-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-22-55</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Drake Chapel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-21-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Consuelus Mortuary, Clinton, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

By SIDMON'S

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.....
Signature of Student Embalmer

Signed *John R. Bidme*.....

Licensed Embalmer No. 45.....

P. O. Address *Kansas City*.....

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.