

Health, Welfare, Public Service
 300
 7-56
 ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

941

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <i>Greene</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Greene</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) <i>1447 N. Rogers</i>		Length of stay in lb <i>87 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>1447 N. Rogers</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WALTER GRANT GIMLIN</i>				4. DATE OF DEATH Month <i>1</i> Day <i>10</i> Year <i>57</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 21, 1869</i>	
9. AGE (In years last birthday) <i>87</i>		IF UNDER 1 YEAR Month _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railway</i>		11. BIRTHPLACE (City and state or country) <i>Greene Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>George Gimlin</i>				14. MOTHER'S MAIDEN NAME <i>Sarah Raymond</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Julia Adams</i> Address <i>1447 N. Rogers</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arthritis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>725X</i>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1950</i> to <i>Death</i> and last saw him <i>him</i> alive on <i>Jan 5, 1957</i> Death occurred at <i>3:30 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Lyman D. Brown M.D.</i>				22b. ADDRESS <i>311 1/2 College</i>		22c. DATE SIGNED <i>1/10/57</i>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <i>Burial</i>		23b. DATE <i>1-12-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln Memorial</i>		23d. LOCATION (City, town, or county) (State) <i>Springfield Mo</i>	
24. FUNERAL DIRECTOR <i>H. V. Smith</i> ADDRESS <i>602 N. Jefferson</i>		25. DATE RECD. BY LOCAL REG. <i>1-14-57</i>		26. REGISTRAR'S SIGNATURE <i>Emmett Williamson</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 17 1954

MAY 1 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..... *Herbert V Smith*

Licensed Embalmer No. *42*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.