

4323

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 203-A

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 932 W. Pershing | | Length of stay in 1b 44 yrs. | d. STREET ADDRESS (If outside, give location) 932 W. Pershing Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|------------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or print) ARCHIE MAURICE GILMORE <i>First Middle Last</i> | | | 4. DATE OF DEATH Feb. 27, 1957 <i>Month Day Year</i> | | |
| 5. SEX Male | 6. COLOR OR RACE White 0 | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 16, 1906 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | 10b. KIND OF BUSINESS OR INDUSTRY Harlan Fruit Co. | 11. BIRTHPLACE (City and state or country) Cauthron, Ark. / | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME William M. Gilmore | | | 14. MOTHER'S MAIDEN NAME Hattie Forshee | | |
| 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. 486-16-7769 | 17. INFORMANT Springfield Mo. Mrs. E.P. Gilmore 932 W. Pershing | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma, left lung, with generalized metastasis. | | | INTERVAL BETWEEN ONSET AND DEATH 9-months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary congestion, secondary to above. | | | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 162x | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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|--|----------------------------------|-----------------------------------|--|--|--|
| 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 Month, Day, Year a. m. p. m. | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |

21. I attended the deceased from 12/15/56 to Feb. 27, 1957 and last saw ^{the}him alive on 2/20/57
Death occurred at 9:00 **A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|------------------|--|-----------------------------------|
| 22a. SIGNATURE <i>John W. Palk, MD</i> | (Deed) or (file) | 22b. ADDRESS 604 Medical Arts Bldg., Springfield, Missouri | 22c. DATE SIGNED 3/1/57 |
|---|------------------|--|-----------------------------------|

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|--|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-1-57 | 23c. NAME OF CEMETERY OR CREMATORY Eastlawn | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| 24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-4-57 | 26. REGISTRAR'S SIGNATURE <i>Carroll Williamson</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Lee Mason*.....

Licensed Embalmer No. 456

P. O. Address Springfield

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.