

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24292

FILED JUL 29 1957

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 528

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | c. CITY OR TOWN Chinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathy Length of stay in lb 5 hrs | | | d. STREET ADDRESS (If outside, give location) RR # 4 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) John Samuel Gilmore First Middle Last | | | 4. DATE OF DEATH July 23 1957 Month Day Year | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct 9 1892 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and state or country) Cass Co Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | |
| 13. FATHER'S NAME James Gilmore | | | 14. MOTHER'S MAIDEN NAME Jane Houx | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) | | 16. SOCIAL SECURITY NO. 513-14-2085 | | 17. INFORMANT Mary Taxis Address Chinton, Mo | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) — | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" 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.) auto accident - knocked off bridge | | |
| 20c. TIME OF INJURY 9 a. m. 7-23-57 Hour a. m. Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 13 E. Chinton | | 20f. CITY, TOWN, OR LOCATION Henry COUNTY Mo STATE Mo | | |
| 21. I attended the deceased from 7-23-57 to 7-23-57 and last saw her alive on 7-23-57 Death occurred at 12:40 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Wm C. Sunderwirth DO | | | 22b. ADDRESS Chinton, Mo | | 22c. DATE SIGNED 7-24-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 25, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Byler Cemetery | 23d. LOCATION (City, town, or county) (State) Cass Co. Missouri | | |
| 24. FUNERAL DIRECTOR J. E. Consalus ADDRESS Chinton, Mo | | 25. DATE RECD. BY LOCAL REG. 7-24-57 | 26. REGISTRAR'S SIGNATURE Mildred Bigum | | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1958

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 *Eugene R. Consalvo*

Licensed Embalmer No. *46*

P. O. Address *Clinton*

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.