

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32388**

FILED OCT 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **200**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jasper</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b> c. LENGTH OF STAY (in this place) <b>6 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>403 Bois D'Arc, Carthage, MO</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> c. CITY OR TOWN <b>Carthage</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>403 Bois D'Arc</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Emil</b> b. (Middle) <b>Baty</b> c. (Last) <b>Gilmore</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>9 23 57</b>		<b>5. SEX</b> <b>0</b> <b>male</b> <b>6. COLOR OR RACE</b> <b>white</b> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>			
<b>8. DATE OF BIRTH</b> <b>May 2, 1898</b>		<b>9. AGE</b> (In years last birthday) <b>59</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>barber</b> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>retired barber</b>			
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Everton, Missouri</b>		<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>James Gilmore</b> <b>13b. MOTHER'S MAIDEN NAME</b> <b>Vina Hill</b> <b>14. NAME OF HUSBAND OR WIFE</b> <b>Lera Oleva Hood</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>495-36-3646</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Lera Gilmore</b> <b>ADDRESS</b> <b>Carthage, Mo 403 Bois D'Arc</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary occlusion with myocardial infarction</b> ANTECEDENT CAUSES <b>Coronary atherosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death: <b>Coronary occlusion with myocardial infarction 6 years ago</b>					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>coronary occlusion with myocardial infarction</b>		<b>20. AUTOPSY?</b> <b>0</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 12:15 P.M., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Beside or title) <i>[Signature]</i>			<b>23b. ADDRESS</b> <b>304 1/2 East Carthage</b>		<b>23c. DATE SIGNED</b> <b>9/23/57</b>		
<b>24. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>9-27-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Liberty Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Everton, Missouri</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>9-25-57</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>KNELL MORTUARY, Carthage, Mo.</b> <b>ADDRESS</b>			

390

County File Number  
Date Filed  
57-10-112  
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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 *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address *Carthage*

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.