THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018830
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 417 Jackson — Length of stay in 1b: 36 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg 0512 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 417 Jackson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Milton Last: Gilmore
4. DATE OF DEATH: Month May Day 17 Year 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 10, 1891
9. AGE (In years last birthday): 67 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Federal Construct.
11. BIRTHPLACE (City and state or country): Sharpsburg, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Jonathan G. Gilmore
13b. MOTHER'S MAIDEN NAME: Mary Ann Dixon
14. NAME OF HUSBAND OR WIFE: Anice Herring Gilmore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.: 486-26-3210
17. INFORMANT: Anice Gilmore Address: 417 Jackson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular Disease — 5 years
DUE TO (c): 4201
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 16, 58 to May 17, 58 and last saw him alive on May 17, 58
Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M. D.
22b. ADDRESS: Warrensburg, Mo
22c. DATE SIGNED: May 17, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 20, 1958
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
23d. LOCATION (City, town, or county) (State): Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS: Sweeney-Phillips Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: May 17, 1958
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 22 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 J. Earl Priest

Licensed Embalmer No. 3828

P. O. Address Warrensburg

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.