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FILED SEP 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031654  
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saltriver</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pit 5 Green Co.</b>		d. STREET ADDRESS <b>801 a E. Love</b>	
3. NAME OF DECEASED (Type or print) <b>Archie E. Gilman</b>		4. DATE OF DEATH <b>Sept. 11, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Co.</b>	11. BIRTHPLACE (City and state or country) <b>Emporia, Kansas</b>
13a. FATHER'S NAME <b>Charlie W. Gilman</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Tilton</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Gilman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-38-0135</b>	17. INFORMANT Address <b>Mr. Gordon Gilman Mexico, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of head (suicide)</b> DUE TO (b) <b>Investigation by William J. Jaeger, Coroner</b> DUE TO (c) <b>Audrain County Missouri</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>976X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>never</b> to <b>never</b> and last saw her alive on <b>never</b> Death occurred at <b>About 10 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Blanche Neely Local Registrar</b>		22b. ADDRESS <b>Mexico Mo</b>	
		22c. DATE SIGNED <b>Sept 12-1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Sept. 14, 58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>		23d. LOCATION (City, town, or county) (State) <b>Emporia, Kansas</b>	
24. FUNERAL DIRECTOR <b>Precht-Houston</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 12-1958</b>	
ADDRESS <b>Mexico, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

MEDICAL CERTIFICATION  
 WILL USE ONLY BY REGISTERED DOCTOR

Doctor, coroner, etc. must use this standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 25 1958

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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 *Ralph L. Hueston*

Licensed Embalmer No. 4687 P. O. Address Mexico, Mo.

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.