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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031809
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1027

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Meth. Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph c 117 c — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2926 Mitchell Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: ROBERT Middle: R. Last: GILMORE
4. DATE OF DEATH Month: Sept. Day: 22 Year: 1958
5. SEX male C
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 11, 1903
9. AGE (In years last birthday) 55 — 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) Ster. Dept. Supt.
10b. KIND OF BUSINESS OR INDUSTRY News Press & Gazette Co.
11. BIRTHPLACE (City and state or country) Albert Lee, Minn. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME Grace (unknown)
14. NAME OF HUSBAND OR WIFE Louise E. Gilmore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 491-09-5394
17. INFORMANT Mrs. Robert B. Gilmore, 2926 Mitchell — Address St. Joseph, Mo.

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronery Sclerosis — ?
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 [X] 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 Sept. 1952, to Sept. 22, 1958 and last saw her/him alive on Sept. 22, 1958
Death occurred at 1:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr L H Fusson M D
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 9-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/24/1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Missouri

24. FUNERAL DIRECTOR Heaton-Bowman — ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 1, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell

(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.

Dr. L. H. Fusson

FEB 27 1959

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 John V. Henrickson

Licensed Embalmer No. 4848

P. O. Address K. C. 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.