

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035874

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 136

S. 300
1-57

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOWARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BOONS BORO Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) 0VS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DORA BELLE GILMORE			4. DATE OF DEATH Month Day Year Oct. 11, 1958
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/22/77
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	11. BIRTHPLACE (City and state of country) HOWARD COUNTY, MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GAMES HENDRIX	13b. MOTHER'S MAIDEN NAME MARY JANE LYONS
14. NAME OF HUSBAND OR WIFE OSCAR GILMORE (DEC)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS JOHN ISLE		Address FRANKLIN 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) Congestive Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis 332X			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3 days year
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 type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1948 , to Oct. 10, 1958 and last saw her alive on Oct. 10, 1958 Death occurred at 1:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE JG Homer (Degree or title) I		22b. ADDRESS Glasgow Mo.	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE 10/14/58	23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM	23d. LOCATION (City, town, or county) (State) LISBON, MO
24. FUNERAL DIRECTOR AUDSLEY-FRIENWIRTH ADDRESS Glasgow, MO		25. DATE RECD. BY LOCAL REG. 10/20/58	26. REGISTRAR'S SIGNATURE JG Hooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

OCT 27-1958

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 *Charles T. Penham*

Licensed Embalmer No. *5028*

P. O. Address *Blowing Rock, N.C.*

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.