Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-001711

FILED FEB 4 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin — Inside Limits: Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Duenweg — Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location): East Coile — Reside on Farm: Yes [ ] No [x]

3. NAME OF DECEASED (Type or print): First: Jennie Middle: Last: Gillmore

4. DATE OF DEATH Month Day Year: Jan. 6, 1959

5. SEX: Female **6. COLOR OR RACE:** White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 1, 1881 **9. AGE** (In years last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Tipton Ford, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Neal Caplinger
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Gillmore

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: Alma Turner Address: Duenweg, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

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 1-4-59 to 1/6/59 and last saw her/him alive on 1/6/59.
Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. L. Crawford M.D.
22b. ADDRESS: Joplin Mo
22c. DATE SIGNED: 1/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 9, 1959
23c. NAME OF CEMETERY OR CREMATORY: Diamond Cemetery
23d. LOCATION (City, town, or county) (State): Newton County, Missouri

24. FUNERAL DIRECTOR: Thornhill-Dillon ADDRESS: Joplin, Missouri
25. DATE RECD. BY LOCAL REG.: 1-26-1959
26. REGISTRAR'S SIGNATURE: Dave Merriam

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1935

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 C. Roller

Licensed Embalmer No. 5062

P. O. Address Joplin, 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.