

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021373

STATE FILE NUMBER 2549

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Gladstone	
c. FULL NAME OF DECEASED Lulu Gilmore (Institution: Little Sisters of the Poor Life)		d. STREET ADDRESS (If outside, give location) 107 West 65th Terr. North	

3. NAME OF DECEASED (Type or print) First Lulu Middle Gilmore Last Gilmore			4. DATE OF DEATH Month May Day 20 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 29, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 17 Hours 15 Min. 0	IF UNDER 24 HRS Hours 15 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Stephen Graves		13b. MOTHER'S MAIDEN NAME Elizabeth Cook		14. NAME OF HUSBAND OR WIFE Horace L. Gilmore	
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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 107 W. 65th Terr. N., K.C. Mo. Robert Gilmore (Son)	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 2 days 10 hrs 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			
DUE TO (c) Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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.)		
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20c. TIME OF INJURY Hour 10 a.m. 10 p.m.			20d. INJURY OCCURRED WHILE AT WORK <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 Kansas City COUNTY Jackson STATE Missouri		
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21. I attended the deceased from 3/19/59 to 5/20/59 and last saw her alive on 5/19/59 . Death occurred 5/20/59 m 10 of the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE Joseph A. Fogarty (Degree Title) MD			22b. ADDRESS 4802 Northman Bldg. 69th St.			22c. DATE SIGNED 5/22/59		
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23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE May 22 59		23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kansas (State)	
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24. FUNERAL DIRECTOR Simmons Funeral Home ADDRESS K.C.K.			25. DATE RECD. BY LOCAL REG. 5-22-59		26. REGISTRAR'S SIGNATURE Neva Minshall	
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Joseph A. Fogarty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

66-1-5-195

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons
Signature of Student Embalmer

Signed H. Simmons

Licensed Embalmer No. 3903
P. O. Address K.C.K.

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.