

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032073

FILED VS. SEP 25 1959 / 28

Primary Registration District No. _____ Registrar's No. 977

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willard, Murray Twsp		Length of stay in 1b Life	c. CITY OR TOWN Willard		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAULINE Middle EDWINA Last GILMORE			4. DATE OF DEATH Month September Day 16 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dep. County Recorder		10b. KIND OF BUSINESS OR INDUSTRY Keeping Records	11. BIRTHPLACE (City and state or country) Willard, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William S. Gilmore		13b. MOTHER'S MAIDEN NAME Edna Maysel Hardin		14. NAME OF HUSBAND OR WIFE -----	
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. 500-09-8876	17. INFORMANT Mrs Josephine Amos, Willard, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Carcinoma of Uterus (Hysterect. 1953) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____					
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		COUNTY	STATE
21. I attended the deceased from July 1959 to Sept 16, 1959 and last saw her/him alive on Sept 11, 1959 Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Gay D. Callaway M.D. (Degree or title)			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 9-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Wesley's Cemetery	23d. LOCATION (City, town, or county) 1 1/4 mi N. Willard, Missouri		
24. FUNERAL DIRECTOR Greenwade-Windle,		ADDRESS Willard, Mo.	25. DATE RECD. BY LOCAL REG. 9-24-59	26. REGISTRAR'S SIGNATURE Effie S. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 9 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.