

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002080

ENDED

FILED VS. FEB. 3 1960/50

Primary Registration District No. 5572 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Length of stay in 1b 4 days		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION zJackson County Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11401 E. 11th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last MELVIN L. GILMORE				4. DATE OF DEATH Month Day Year Jan. 26 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 13, 1905		9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY City of Sugar Creek		11. BIRTHPLACE (City and state or country) Van Buren, Ark.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Henry Gilmore				13b. MOTHER'S MAIDEN NAME Amy Spradley				14. NAME OF HUSBAND OR WIFE Eunice Gilmore					
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. 432-09-1086		17. INFORMANT Address Mrs. Minnie Patel 1729 Claremont Indep.							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								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 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 _____ 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 <u>1-22-60</u> to <u>1-26-60</u> and last saw her/him alive on <u>1-26-60</u> Death occurred at <u>5:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Phil Super MD				22b. ADDRESS Res Summit Mo				22c. DATE SIGNED 1/26/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-29-60		23c. NAME OF CEMETERY OR CREMATORY Md. Grove Cemetery				23d. LOCATION (City, town, or county) (State) Independence, Mo.					
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Indep., Mo.				25. DATE RECD. BY LOCAL REG. 1-27-1960		26. REGISTRAR'S SIGNATURE W.B. Langford							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Teacher

Missouri

State

Kansas City

City

Medical College

Missouri

Medical College

1911

1911

X

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

[Handwritten signature]

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 *Wm H Cantrell*

Licensed Embalmer No. 5082

P. O. Address Quip, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.