

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 16 1960

=60-022276

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 3000 76

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cass</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dutler Mt. Pleasant</u>		Length of stay in 1b <u>6 months</u>		c. CITY OR TOWN <u>Garden City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 miles S.E.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Washington Bardsley Gilmore</u>				4. DATE OF DEATH Month Day Year <u>5 30 1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/9/1880</u>		9. AGE (last birthday) <u>79</u>		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) <u>former</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Garden City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>James Gilmore</u>				13b. MOTHER'S MAIDEN NAME <u>Dicea Cox</u>				14. NAME OF HUSBAND OR WIFE <u>Mr. Bouey Woolery</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mr. Bouey Woolery</u>		Address <u>Garden City, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>										<u>6 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>cerebral Vascular accident</u>		<u>9 hrs</u>	
DUE TO (c) <u>Hypertension arteriosclerosis</u>										<u>30 years</u>			
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 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 <u>Nov. 10, 1959</u> to <u>May 30, 60</u> and last saw ^{her} him alive on <u>May 30 - 1960</u> Death occurred at <u>6:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>W. A. Luffner, M.D.</u>						22b. ADDRESS <u>Dutler, Mo.</u>			22c. DATE SIGNED <u>6/1/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/1/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Byler Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Creighton, Missouri</u>						
24. FUNERAL DIRECTOR <u>Atkinson - Sherry</u>				ADDRESS <u>Dutler City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 1 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Herndall Korum</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

