

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045053

FILED VS JAN 3 1961

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 111

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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u> | | Length of stay in 1b <u>D.O.A.</u> | c. CITY OR TOWN <u>Seligman</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>Osteopathic Hosp.</u> | | inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>AMBROSE</u> Last <u>GILLMORE</u> | 4. DATE OF DEATH Month <u>December</u> Day <u>7</u> Year <u>1960</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-21-1887</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Park Employee</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Asst. Supt.</u> | 11. BIRTHPLACE (City and state or country) <u>Cassville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>George Gillmore</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Maye Gillmore</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>500-34-0410</u> | 17. INFORMANT <u>John W. Gillmore-Little Rock, Ark.</u> | Address <u> </u> |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Myocardial Infarction</u> | <u>Sudden</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary Artery Disease</u> | <u>Death</u> |
| | DUE TO (c) | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> | 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 <u> </u> STATE <u> </u> |
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| 21. I attended the deceased from <u>6-3-60</u> to <u>Dec 7, 1960</u> and last saw him alive on <u>Dec 3, 1960</u> Death occurred at <u>12:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>J. W. Dorman M.D.</u> | 22b. ADDRESS <u>Springdale, Ark.</u> | 22c. DATE SIGNED! <u>12-12-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-11-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Exeter, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Culver's</u> | ADDRESS <u>Cassville, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec 19-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Grace Williams</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 4 1961

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 Margaret C. Henke

Licensed Embalmer No. 4389

P. O. Address Cassville

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.