

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

-60-046975

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5895 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 KANSAS CITY		Length of stay in 1b 45 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAH HOSPITAL		d. STREET ADDRESS (If outside, give location) 6667 WALROND AVENUE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARNOLD G. GILMORE			4. DATE OF DEATH Month Day Year NOVEMBER 21, 1960			
5. SEX MALE	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 6/16/1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIELD MAN		10b. KIND OF BUSINESS OR INDUSTRY FOREMOST DAIRY	11. BIRTHPLACE (City and state or country) WINDSOR, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S./A.		
13a. FATHER'S NAME BENJAMIN GILMORE		13b. MOTHER'S MAIDEN NAME SAREPTA YOUNG		14. NAME OF HUSBAND OR WIFE MRS. MARY 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. 499-16-3848	17. INFORMANT Address ARNOLD E. GILMORE SAN DIEGO, CALIFORNIA			
---	---	---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor glioblastoma		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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 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 11-8-60 to 11-21-60 and last saw ^{her}_{him} alive on 11-21-60
Death occurred at 1:08 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Staw Benam</i>	22b. ADDRESS 751 E 63rd Street	22c. DATE SIGNED 11/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 23, 1960	23c. NAME OF CEMETERY OR REPOSITORY MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY	STATE MISSOURI	

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 11-23-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
---	---	---

BY AFFIDAVIT OF STATE EMBALMER MEDICAL CERTIFICATION DOCUMENT

De 3.16.1950.

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 Chester K Bzno

Licensed Embalmer No. 49

P. O. Address KE M

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