

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-043495**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 276

AMENDED

**FILED DEC 19 1961**

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>Mos.</b>	c. CITY OR TOWN <b>Auxvasse</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Allen Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD # 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Egbert</b> Last <b>Gilmor</b>			4. DATE OF DEATH Month <b>December</b> Day <b>13</b> Year <b>1961</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-2-81</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Farmer, Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Crops and stock</b>	11. BIRTHPLACE (City and state or country) <b>Callaway Co., Mo. USA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>George Gilmor</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Pigg</b>	14. NAME OF HUSBAND OR WIFE <b>Sadie Gilmor, Deceased</b>
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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) <b>No</b>	17. INFORMANT Address <b>Orville Gilmor, Auxvasse, Mo.</b>
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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: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension</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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <b>Mexico</b>	COUNTY <b>Callaway</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>Jan 20 1961</b> to <b>Dec 13 1961</b> and last saw him alive on <b>Dec 13 1961</b> Death occurred at <b>9:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Clara Garcia MD</b> (Degree or title)	22b. ADDRESS <b>Mexico Mo</b>	22c. DATE SIGNED <b>12-14-61</b>
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23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>	23b. DATE <b>12-15-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Brendans Cemetery</b>	23d. LOCATION (City, town, or county) <b>Mexico, Missouri</b>
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24. FUNERAL DIRECTOR <b>Arnold Funeral Home, Mexico, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Dec. 15 - 1961</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Memphis

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.