

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044709

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6410

STATE FILE NUMBER

AMENDED

FILED JAN 8 1962

DATE AMENDED: 12-28-61, 12-28-61, 14 yrs., 2 hours

ITEM NO. SHOULD READ: 2c Shawnee Mission, Johnson Co., Mo. Kansas City

BY AFFIDAVIT OF: Frank B. Leitz Funeral Home

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE WHERE DECEASED LIVED (Where deceased lived before admission) a. STATE KANSAS COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN SHAWNEE MISSION KANSAS/CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IN AUTO, 1530 PROSPECT		d. STREET ADDRESS (If outside, give location) 2722 WEST 47th TERRACE	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE BURTON GILMORE		4. DATE OF DEATH Month Day Year DECEMBER 20th 1961	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-3-09
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (City and state or country) ATCHISON KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BERT GILMORE		13b. MOTHER'S MAIDEN NAME ROSE FRANKE	14. NAME OF HUSBAND OR WIFE MRS JESSIE GILMORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT SHAWNEE MISSION KANSAS MRS JESSIE GILMORE 2722 WEST 47th T	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident - Probable Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension - Arteriosclerosis C.V. Disease 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			INTERVAL BETWEEN ONSET AND DEATH 5 years
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 checked="" 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 1956 to Dec 20 1961 and last saw him alive on Sept 1961 Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B. Leitz (Degree or title)		22b. ADDRESS 1530 Prospect Ave. Shawnee Mo	22c. DATE SIGNED 12-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-21-61	23c. NAME OF CEMETERY OR CREMATORY ATCHISON KANSAS	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo	25. DATE RECD. BY LOCAL REG. 12-21-61	26. REGISTRAR'S SIGNATURE Ruth Long	

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K.C. Mo

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.