

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1320

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0397
20397

3

4 0

5 0

6

7 0

8 0

97615

10

11

12 1-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3945 W. Lynn
3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last GILLMORE		4. DATE OF DEATH Month September Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/1/1962
9. AGE (last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0 Hours 0	IF UNDER 24 HR Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert E. Gillmore	
13b. MOTHER'S MAIDEN NAME Goldie Mae Farmer		14. NAME OF HUSBAND OR WIFE None	
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. No	17. INFORMANT Robert E. Gillmore (Father) Address Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neonatal death, immature delivery			INTERVAL BETWEEN ONSET AND DEATH 33 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Placenta abruptio, partial (Maternal)			1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CLEFT LIP; CLEFT PALATE			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 9/1/62 to 9/1/62 and last saw him alive on 9/1/62 Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David R. Holmes MD		22b. ADDRESS 1636 S. Glenstone Springfield, Missouri	22c. DATE SIGNED 9-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/2/1962	23c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 9-10-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

USE BLACK INK OR TYPEWRITER RIBBON

jhc

(Licensed Embalmer's Statement on Reverse Side)

Permit 9-4-62

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 Ogle Stone Pro

Licensed Embalmer No. 4176

P. O. Address Springfield

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.