

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047743

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 57

FILED DEC 28 1962

VS 300	DATE AMENDED
Rev. 4/59	
10690	
20690 ₂	
3	
4 1	
5 2	
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7 0	
8 2	
9 491X	
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11	
12 86-0	
13 2-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in lb 6 YEARS	c. CITY OR TOWN MADISON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW R.H.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE
3. NAME OF DECEASED (Type or print) First Middle Last MARY JANE GILMORE		4. DATE OF DEATH Month Day Year DEC. 18, 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/21/1867
9. AGE (last birthday) 93-		IF UNDER 1 YEAR Months 7 Days 22 Hours - Min. -	IF UNDER 24 HR Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) MO. MONROE CO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME JEPHTHA HEATHMAN	
14. MOTHER'S MAIDEN NAME SARAH SANDERS		15. NAME OF HUSBAND OR WIFE DECEASED WM. W. GILMORE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. NONE	18. INFORMANT MRS RUBY WOODS Address R-3
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Wass		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 Dec 7 02 to Dec 18 and last saw her alive on Dec 18-62 Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. H. Agnew MD		22b. ADDRESS Paris, MO	22c. DATE SIGNED 12/18/1962
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-20-1962	23c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	23d. LOCATION (City, town, or county) (State) HOLLIDAY MO.
24. FUNERAL DIRECTOR E. H. AGNEW ADDRESS PARIS, MO		25. DATE RECD. BY LOCAL REG. 12-18-62	26. REGISTRAR'S SIGNATURE E. A. Burnett MD.

100-100-100-100

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.