

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049321
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 235

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 2 1963			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in 1b <u>6 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u> c. CITY OR TOWN <u>Ft. Scott</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1223 So. Main St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Lee</u> Last <u>Gilpin</u>			
4. DATE OF DEATH <u>Dec. 25, 1962</u> Month <u>Dec</u> Day <u>25</u> Year <u>1962</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>wht.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/27/1878</u> 9. AGE (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Booker</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>John Gilpin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Irene Magers, Springfield</u> Address <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar Skull fracture</u> DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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 checked="" 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.) <u>Automobile accident</u>	
20c. TIME OF INJURY Hour <u>12:00</u> AM/PM <u>AM</u> Month, Day, Year <u>12 20 62</u>			
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.) <u>Public Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>Vernon</u>		COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>Dec 20 1962</u> to <u>Dec 21 1962</u> and last saw her alive on <u>12/25/62</u> Death occurred at <u>2:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Olena W. Pearce M.D.</u>		22b. ADDRESS <u>Nevada MO</u>	
22c. DATE SIGNED <u>12/28/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/28/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Memorial Cemetery</u>		23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>Earl's Memorial Home, Ft. Scott, Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>12-29-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Arma E. Jurey</u>	

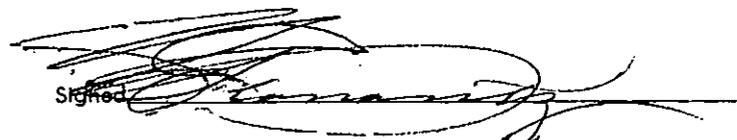
USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 1963 JAN 10 1963

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 

Licensed Embalmer No. 3081

P. O. Address Lock Box 585
Dr. Scott, Ark.

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.