

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036985

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 258240 Primary Registration District No. 00234357 Registrar's No. 42

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 8 1963

VS 300
Rev. 4/59

10720
20720
3
4 0
5 1
6
7 1
8 2
9434.4
10
11
1290-3
13 41

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marston		c. CITY OR TOWN New Madrid, R.1	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) No.		d. STREET ADDRESS (If outside, give location) 6 Miles N. of New Madrid	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Wesley Gilmer			4. DATE OF DEATH Month Oct. Day 4 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/25/14
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -- --	11. BIRTHPLACE (City and state or country) PotsCamp Miss.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Brantley Harland Gilmer	
13b. MOTHER'S MAIDEN NAME Daisie Floyd		14. NAME OF HUSBAND OR WIFE Cleo Gilmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No. No.		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Cleo Gilmer		Address New Madrid, Mo. R.1	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural causes, Presumed of been his Heart, By all case history.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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
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.	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 _____ to _____ and last saw her/him alive on _____. Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS New Madrid, Mo.	
22c. DATE SIGNED 10/5/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Sikeston, Mo.
24. FUNERAL DIRECTOR Richards Funeral Home New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. 10/5/63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1963

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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. _____

P. O. Address _____

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.

MEMORIAL PARK BURIAL HOME
10000 MEMORIAL PARK
HOUSTON, TEXAS 77036