

CERTIFICATE OF DEATH

FILED JUL 8 1968 37

Registration District No.

Primary Registration District No. 3023

Registrar's No. 153

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1. Nellie May Gilmore			SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) June 27 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 5a. 75	UNDER 1 YEAR UNDER 1 DAY 5b. 75	DATE OF BIRTH (MONTH, DAY, YEAR) 6. April 18 1893	COUNTY OF DEATH 7. Henry
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Clinton General		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. never married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
SOCIAL SECURITY NUMBER 11. 490-05-8418		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12. housekeeper		KIND OF BUSINESS OR INDUSTRY 13.	
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Henry		CITY, TOWN, OR LOCATION 14c. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 515 E. Grandriver St
FATHER—NAME FIRST MIDDLE LAST 15. James W Gilmore			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Hattie Townsend		
INFORMANT—NAME 17a. Lucy Gilmore			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 515 E. Grandriver St Clinton, Mo		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Probable Acute Arteriosclerosis with					2 days
DUE TO, OR AS A CONSEQUENCE OF: (b) Ruptured Arterial Occlusion					
DUE TO, OR AS A CONSEQUENCE OF: (c) Anuria - Azotemia					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19b. No
Acute Congestive Failure.					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.		20f.	20g.	20h.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 6-25-68 TO 6-27-68 AND LAST SAW HIM/HER ALIVE ON 6-27-68 . I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21a. 7:30 P. M. 21b. 6-27-68 21c. 7:30 P. M. 21d. 6-27-68 21e. 7:30 P. M.					
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 7:30 P. M. 22b. 6-27-68 22c. 7:30 P. M.					
CERTIFIER—NAME (TYPE OF PRINT) 23a. Richard H. King M.D.		SIGNATURE 23b. <i>Richard H. King M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 23c. 7-2-68	
MAILING ADDRESS—CERTIFIER 23d. 106 S 3rd		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Clinton Mo 64735			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Englewood cemetery		LOCATION CITY OR TOWN STATE Clinton Missouri	
DATE 24d. June 29, 1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Sickman-Dunning Funeral Home Clinton, Mo			
FUNERAL DIRECTOR—SIGNATURE 25b. <i>John Sickman</i>		REGISTRAR—SIGNATURE 26a. <i>Mildred Bigum</i>		DATE RECEIVED BY LOCAL REGISTRAR 26b. July 2, 1968	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1
10a. 75
10b.
11. 0
12. 0
13. 441.9
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

4. 0425

5. 1

6. 0425

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Permit obtained 7-2-68 (1213)