

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 272

DO NOT WRITE ON THIS STUB

9. 1  
10a. 85  
10b.  
11. 0  
12. 2  
13. 1621  
14. 4  
15. 9  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0421

5. 3

**DECEASED**

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

6. 0421

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST  
1. Sarah Brayton Gilmore 2. Female 3. Nov. 28, 1968

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)  
4. White 5a. 85 5b. 85 5c. 85 5d. 85 5e. 85 5f. 85 5g. 85 5h. 85 5i. 85 5j. 85 5k. 85 5l. 85 5m. 85 5n. 85 5o. 85 5p. 85 5q. 85 5r. 85 5s. 85 5t. 85 5u. 85 5v. 85 5w. 85 5x. 85 5y. 85 5z. 85

DATE OF BIRTH (MONTH, DAY, YEAR)  
6. Sept. 19, 1883 7a. Henry COUNTY OF DEATH

CITY, TOWN, OR LOCATION OF DEATH  
7b. Windsor 7c. yes 7d. Windsor Hospital HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  
8. Mo. 9. U. S. A. 10. Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

11. Widowed SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

SOCIAL SECURITY NUMBER  
12. 495-07-2914D 13a. Housewife USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)

13b. Housewife KIND OF BUSINESS OR INDUSTRY

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION  
14a. Mo. 14b. Henry 14c. Windsor 14d. yes 14e. 203 W. Florence INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
15. George Brayton 16. Shipp Fannie Brayton

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
17a. Harlan Gilmore 17b. 120 Leta Drive Security, Colorado 80911

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) Anoxia + toxemia minutes  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) Bronchopneumonia 2 days  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) Carcinoma of lung months

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))  
19a. None 19b. None 19c. None 19d. None 19e. None 19f. None 19g. None 19h. None 19i. None 19j. None 19k. None 19l. None 19m. None 19n. None 19o. None 19p. None 19q. None 19r. None 19s. None 19t. None 19u. None 19v. None 19w. None 19x. None 19y. None 19z. None

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. None 20b. None 20c. None 20d. None 20e. None 20f. None 20g. None 20h. None 20i. None 20j. None 20k. None 20l. None 20m. None 20n. None 20o. None 20p. None 20q. None 20r. None 20s. None 20t. None 20u. None 20v. None 20w. None 20x. None 20y. None 20z. None

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)

21a. None 21b. None 21c. None 21d. None 21e. None 21f. None 21g. None 21h. None 21i. None 21j. None 21k. None 21l. None 21m. None 21n. None 21o. None 21p. None 21q. None 21r. None 21s. None 21t. None 21u. None 21v. None 21w. None 21x. None 21y. None 21z. None

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 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. 11-8-67 21b. 11-28-68 21c. 11-28-68 21d. did 21e. 7:30 A.M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. 11-29-68 22b. 7:30 A.M. 22c. 11-29-68 22d. 7:30 A.M. 22e. 11-29-68 22f. 7:30 A.M.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. A. R. MASON, JR. D.O. 23b. A. R. Mason Jr D.O. 23c. 11-29-68

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d. 133 South Main Windsor Missouri 65360

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Laurel Oak Cemetery Windsor, Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24c. Dec. 1, 1968 24d. Gouge Funeral Home 301 W. Benton St. Windsor, Mo.

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. Clifford Gouge 25b. Mildred Bigum 25c. Dec. 7, 1968

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

**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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.