

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6620**
Registrar's No. **18**

Registration District No. **5072**

Primary Registration District No. **5432**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Gentry**
(b) City or town **King City Mo. R.R. Miller**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 Yr.** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Gentry**
(c) City or town **King City R.R.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Wesley Gault.**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Male** Color **Cau.**
5. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Phiola Gault.**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 1 1856.**
(Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **Coffersville Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business **Same**

MOTHER FATHER { 12. Name **John Gault.**
13. Birthplace **Unknown**

MOTHER FATHER { 14. Maiden name **? O Connor.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J.B. Owens.**
(b) Address **King City Mo. R.R.**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof. **2.17.1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Berlin Mo.**

18. (a) Signature of funeral director **R. G. Taggart**
(b) Address **King City Mo.**

19. (a) **2/17/42** (Date recorded local registrar)
(b) **Home in Webster** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **15.**
year **1942** hour **1** minute **A.** M.

21. I hereby certify that I attended the deceased from **Survived after death**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism from Pleurisy and Intestinal Obstruction**
Due to _____

Due to _____
Other conditions **12282**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Intestinal obstruction of one foot jejunum**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? **H** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **Dr. Zack Barnes** (M. D. or other) **Do**
Address **King City Mo.** Date signed **2/15/42**

2/17/42 1108

(Licensed Embalmer's Statement on Reverse Side)
Gentry Co. Coroners

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. G. Taggart*

Licensed Embalmer No. 2563.

P. O. Address King City 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 this body is not embalmed, fact should be so stated above.