

FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31918

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 73

1. PLACE OF DEATH:

(a) County AUDRAIN
 (b) City or town VANDALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
502 W PARK 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 10 YRS.
 years, months or days)

3. (a) PRINT FULL NAME NANCY JANE GAYNART3. (b) If veteran, name war O.A.A. 3. (c) Social Security CASE No. _____4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife ROBERT LINDSEY GAYNART 6. (c) Age of husband or wife if alive 92 years7. Birth date of deceased DEC 29 1858
 (Month) (Day) (Year)8. AGE: Years 89 Months 10 Days 7
 If less than one day
 hr. _____ min. _____9. Birthplace MARIETTA OHIO
 (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES DUNLAP
 13. Birthplace JAMESTOWN OHIO
 (City, town, or county) (State or foreign country)14. Maiden name JANE ANN STUART
 15. Birthplace JAMESTOWN OHIO
 (City, town, or county) (State or foreign country)16. (a) Informant JAMES G. GAYNART(b) Address VANDALIA MO17. (a) BURIAL (b) Date thereof 11-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LEWISVILLE CEMETERY18. (a) Signature of funeral director Elmer Edmister(b) Address Vandalia, Mo.19. (a) Nov 7 1948 (b) Walter Fuguey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN
 (c) City or town VANDALIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 502 W. PARK
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
 year 1948 hour 11 minute 9 P.M.21. I hereby certify that I attended the deceased from
June 1948 to Nov 5 1948
 that I last saw h alive on Nov 5
 and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____

Of autopsy _____

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? _____
 (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)

(e) Means of injury _____

23. Signature H. G. Blair (M. D. or other) _____Address Vandalia Mo Date signed 11/7/48

RECEIVED
District Health Officer No. 10
District File Number 11-48-1929
NOV 10 1948
Wm. Ford

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 Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.