

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40368**

FILED JAN 2 1950

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>2050</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Missouri</u>		c. LENGTH OF STAY (In this place) <u>23 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1121</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>F.</u> c. (Last) <u>GAUNT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 26, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24, 1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Long Lane, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis Gaunt</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Chloe Gaunt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub acute bacterial endocarditis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Arteriosclerotic & hypertensive heart disease. 2. Mitral insufficiency. 3. Aortic stenosis and insufficiency.</u></p>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>insufficiency.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 3, 1950</u> , to <u>Dec. 26, 1950</u> and that death occurred at <u>8:04 a.m.</u> , from the causes and on the date stated above.							
Signature of Informant <u>P.L. EISELE, MD, Chief, Professional Services</u> (Degree or title)				23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u>		23c. DATE SIGNED <u>12-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Dec-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sammy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Conway Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>W.C. Handley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leland B. Jones

Signed.....

Student Embalmer

Licensed Embalmer No. *2508*

P. O. Address *Buffalo, N.Y.*

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.