

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22905

BIRTH NO.		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 236	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville, Mo.		c. LENGTH OF STAY (In this place) 43¹/₂ hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville, Mo		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Gly c. (Last) Gault			4. DATE OF DEATH (Month) (Day) (Year) July 29 51				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 7/1908	
9. AGE (In years) (last birthday) 43		10. MONTHS 8		11. DAYS 29		12. HOURS 1 MIN. 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arcadia Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence L Gault			13b. MOTHER'S MAIDEN NAME Martha George			14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499/03/6287		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Gault Graniteville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fractured Skull ANTECEDENT CAUSES Broken Neck <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Broken Neck DUE TO (c) Auto Accident on Highway #21				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Graniteville Mo.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 147 82224 32				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #21		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Graniteville Mo Iron			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29/51 8A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car over turned on Curve			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE C. H. Howell 3 (Degree or title) Coroner			23b. ADDRESS Ironton, Mo			23c. DATE SIGNED 7/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Valley		24d. LOCATION (City, town, or county) (State) Ironton, Mo	
DATE REC'D BY LOCAL REG. Aug 2 - 1951		REGISTRAR'S SIGNATURE Max Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE Howell Funeral Home		ADDRESS Ironton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0470

RECEIVED

AUG 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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
Student Embalmer

Signed C. A. Howell

Licensed Embalmer No. 3670

P. O. Address: Newton, N.J.

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.