

THE DIVISION OF HEALTH OF MISSOURI
DEATH CERTIFICATE

State File No. _____
Registrar's No. 436

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Neelyville</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u> <u>0910</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Highway 37 in Neelyville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. FULL NAME OF HOSPITAL OR INSTITUTION _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie Gayle</u> b. (Middle) <u>Stong</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1952</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 23, 1936</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (State or foreign country) <u>Freemont Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>James Strong</u>	13b. MOTHER'S MAIDEN NAME <u>Imogene U.SLEY</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Strong Naylor, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>E8160 26</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatism, rear end</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by a trailer truck after a collision of a Jeep and</u> DUE TO (c) <u>trailer truck (was a passenger in the Jeep)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>trailer truck (was a passenger in the Jeep)</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>state highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Neelyville</u> (COUNTY) <u>Butler</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 13-52 8Pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of Jeep and trailer truck</u>
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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 _____ 8P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles W. Green</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Proper Blvd Mo</u>	23c. DATE SIGNED <u>9-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Naylor</u>	24d. LOCATION (City, town, or county) (State) <u>Naylor Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-15-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u> ADDRESS <u>Naylor, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 24 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-466

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 Dyan Macard _____

Licensed Embalmer No. 4079 _____

P. O. Address Maylor 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.