

SEP 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32577

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5989</u>		Registrar's No. <u>61</u>		
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> ; b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Livonia Rural</u>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Livonia R. F. D.</u>			<u>08611</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u>			b. (Middle)		c. (Last) <u>Gaughenbaugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 13, 1880</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Finn Riggle</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Laura Brinegar</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME R.F.D. ADDRESS <u>Deloy Whitrow Livonia, Mo.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>arteriosclerosis &</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>chronic progressive hypertrophic arteritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)		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>Sept 6, 1952</u> to <u>Sept, 11, 1952</u> , that I last saw the deceased alive on <u>Sept 11, 1952</u> , and that death occurred at <u>8:30a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas L. Judd D.O.</u>				23b. ADDRESS <u>Unionville, No.</u>		23c. DATE SIGNED <u>9-12-52</u>		
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>9-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Exline Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exline, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>9-21-52</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugh L. Johnson</u>		ADDRESS <u>Centerville, Ia</u>		

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 _____
Hugh I. Johnson

working under my personal supervision.

Student Embalmer No.

Signed _____

Hugh I. Johnson

Signed

Student Embalmer

Licensed Embalmer No. 3487

416 E. Maple

P. O. Address Centerville, Iowa

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.