

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34170

State File No.

5. No. 500
ev. 10.48

0071
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FILED OCT 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>99</u>			
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler, Mo.</u>			c. LENGTH OF STAY (If this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Westpint Twp</u>			<u>0070</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rolland</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Gaylord</u>			
4. DATE OF DEATH		(Month) <u>October</u>		(Day) <u>20,</u>		(Year) <u>1952</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>11-14-1883</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>		IF UNDER 1 WEEK Hours <u></u> Mins. <u></u>					
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fowler, Indiana</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>									
13a. FATHER'S NAME <u>Joseph G. Gaylord</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Barby</u>			14. NAME OF HUSBAND OR WIFE <u>Laura Gaylord</u>			
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 ADDRESS <u>Laura Gaylord Amsterdam, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>The cause not death</i> <i>the manner of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Acclusion</u>	
DUE TO (c) <u>Hemiotomy Oct 11, 1952</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION <u>Oct 11, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. Inguinal hernia</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.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5600</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 10 1952</u> , to <u>Oct 20 1952</u> , that I last saw the deceased alive on <u>Oct 20, 1952</u> , and that death occurred at <u>3:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles W. Luter M.D.</u>				23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>10/21/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie City cemetery</u>		24d. EDUCATION (City, town, or county) (State) <u>Butler, Bates County, Mo.</u>			
DATE RECD BY LOCAL REG. <u>Oct. 24-52</u>		REGISTRAR'S SIGNATURE <u>Russell Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer + Mangold</u>		ADDRESS <u>Amsterdam, Mo.</u>			

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

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 _____

L. L. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Bates } ss.

State File No.....
Local Registrar's No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of October, 1952, before me appears.....

L. A. Mangold, who, upon His oath, states that the original record of ~~death~~ death
for Rolland E. Gaylord died October 20, 1952 in the State of
Missouri, and which was filed at Butler, Mo. on Oct. 24, 1952 should be corrected as follows:

Item No. 24c should read Oakhill Cemetery Butler, Mo.

Instead of Prairie City Cemetery Bates County, Mo.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. A. Mangold **Funeral Director**
~~Registrar~~

Amsterdam, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of October, 1952.

My Commission expires 4-28-56 L. E. Troupe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SUP - 34170

