

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED
State File No. _____
Missouri Health Department
Registrar's No. _____

FILED APR 22 1953

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2201

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, 15 days prior to death) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1210 West Nelson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTENA</u> b. (Middle) <u>DILA</u> c. (Last) <u>GAYHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 20, 1909</u>		9. AGE (In years last birthday) <u>44</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shirt Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Carthage, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dill</u>		14. NAME OF HUSBAND OR WIFE <u>George Manuel Gayhart</u>	
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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 # <u>486-32-8074</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Manuel Gayhart Webb City, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease with failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant hypertension</u>				Several years.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from February 7, 1949, to April 12, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at 7:10am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Scorse M.D.</u>		23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>4-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoxic, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4-17-53</u>		REGISTRAR'S SIGNATURE <u>W. L. Scorse</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Missouri</u>	
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RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/343

Date Filed 4-21-53

FEB 3 1953

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 Richard Gray Lew

Licensed Embalmer No. 4455

P. O. Address Webb City

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.