

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 72BIRTH NO. FILED SEP 15 1953 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>7 Years</u>		d. STREET ADDRESS (If rural, give location) <u>114 Vine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 114 Vine St.</u>		0672 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florinda</u> b. (Middle) <u>-----</u> c. (Last) <u>Gish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June, 29, 1953</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>Feb. 14, 1876</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
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>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Henderson County, Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Mauzey</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Huhlett</u>		14. NAME OF HUSBAND OR WIFE <u>A.G.W. Gish (Dec'd)</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 <u>Louise Sandefur, 114 Vine St. Charleston</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> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Rt hemiplegia</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) (m.)	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>June 2, 1953</u> , to <u>June 17, 1953</u> , that I last saw the deceased alive on <u>June 17, 1953</u> , and that death occurred at <u>1:55A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur B. Smith M.D. M.D.</u>		23b. ADDRESS <u>514 1/2 Mo.</u>	23c. DATE SIGNED <u>July 1 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/30/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-6-53</u>	REGISTRAR'S SIGNATURE <u>Dean T. Hearn</u>	480-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Lunnellee</u> ADDRESS <u>The Sunneelee Funeral Chapel, Charleston, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 12 1953

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 14 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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.