

STANDARD CERTIFICATE OF DEATH

P VOL 36240
Stat. File No. 493

FILED NOV 12 1953

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 493
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hosp.		d. STREET ADDRESS 4408 Main Street		
3. NAME OF DECEASED (Type or Print) a. (First) WYNN		b. (Middle) HARRISON		c. (Last) GAVIN
4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1953		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 13, 1888
9. AGE (In years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Mc Donald County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME James E. Gavin		13b. MOTHER'S MAIDEN NAME Jennie Hollenbeck		14. NAME OF HUSBAND OR WIFE Grace Gavin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-01-7948		17. INFORMANT'S SIGNATURE OR NAME Grace Gavin, 4408 Main Joplin Mo
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) Myocardial Infarction (Hb) acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (sclerosis) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible the Box Injury		INTERVAL BETWEEN ONSET AND DEATH 8 days 5 hrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Oct 20, 1953, to Oct 28, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 7:00 m., from the causes and on the date stated above.				
23a. SIGNATURE Robert H. ...		23b. ADDRESS James Bldg - 4th Mo		23c. DATE SIGNED 10-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 31, 1953		24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) (State) Joplin Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG 11-9-53		REGISTRAR'S SIGNATURE James ... 138		Funeral Director's Signature & Address: Thornhill - Wallow Joplin Mo.

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

RECEIVED NOV 9 1953

Jasper County Health Office

County File Number 53-11-891

Date Filed NOV 9 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed [Signature]

Licensed Embalmer No. 4770

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.