

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18079

State File No.

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Platte Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Platte Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Edgerton, Mo. Rte. # 2</u>		d. STREET ADDRESS (If rural, give location) <u>Edgerton, Mo., Rte. #2</u>	

3. NAME OF DECEASED (Type or Print) <u>Oliver Perry Gwinn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/22/54</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	8. DATE OF BIRTH <u>1/24/1871</u>	9. AGE (In years last birthday) <u>83</u>

13a. FATHER'S NAME <u>Morgan Gwinn</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Figgett</u>	14. NAME OF HUSBAND OR WIFE <u>Palmyra Gwinn</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>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Palmyra Gwinn</u>	ADDRESS <u>Edgerton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Tuber</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	DUE TO (b) <u>Arteriosclerotic Heart</u>		<u>5 years</u>
	DUE TO (c) <u>disease</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"/>
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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) (m.)	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 March 1, 1950, to June 22, 1954 that I last saw the deceased alive on June 21, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. L. Durham M.D.</u>	(Degree or title)	23b. ADDRESS <u>Leaborn, Mo.</u>	23c. DATE SIGNED <u>6-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/24/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Mill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edgerton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 24, 1954</u>	REGISTRAR'S SIGNATURE <u>Walter M. Allison</u>	4957	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dallins Mack</u>	ADDRESS <u>Edgerton, Mo.</u>
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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 _____

Jack P Moore

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack P Moore

Licensed Embalmer No. _____

4729

P. O. Address _____

N.C. 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.