

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1955

State File No. **33917**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY OR TOWN <b>Aurora</b>		c. CITY OR TOWN <b>Aurora</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>AURORA R.R. #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Died in ambulance</b>			

3. NAME OF DECEASED a. (First) <b>Isaac</b> b. (Middle) <b>Norman</b> c. (Last) <b>Gwaltney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>March 3-1885</b>
			9. AGE (In years last birthday) Months Days Hours Min. <b>70 6 27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carrall Co. Ark.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>M.C. Gwaltney</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Henry</b>	14. NAME OF HUSBAND OR WIFE <b>Floyd Gwaltney</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-18-7571</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Gwaltney</b> ADDRESS <b>Aurora, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>18 Months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Progressive Heart Failure</b>		
	ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Hypertrophy</b> DUE TO (c) <b>Rheumatic Heart Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>416X</b>		

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1952** to **Sept 29, 1955**, that I last saw the deceased alive on **Sept 24, 1955**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A.P. Coyle</b> (Degree or title)	23b. ADDRESS <b>M.O. Aurora, Mo.</b>	23c. DATE SIGNED <b>Sept 30 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/29/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	24d. LOCATION (City, town, or county) (State) <b>Crane, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-13-1955</b>	REGISTRAR'S SIGNATURE <b>Oran McRatt</b>	157	25. FUNERAL DIRECTOR'S SIGNATURE <b>George H. Manlove</b> ADDRESS <b>Crane, Mo.</b>
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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, ~~on~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George H. Manbre

Licensed Embalmer No. 3827

P. O. Address Chen mo

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

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