

Health, Welfare, Public Service

300-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41002

STATE FILE NUMBER

Registration District No. 1-3 177 Primary Registration District No. 5649 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY LAWRENCE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIERCE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PIERCE CITY <u>0530</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MILE NORTH PIERCE CITY		Length of stay in lb 5 YEARS	d. STREET (If outside, give location) ONE MILE NORTH PIERCE CITY		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) EDWARD ^{First} GAYDOU ^{Middle} GAYDOU ^{Last}			4. DATE OF DEATH NOV 13 - 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-8-1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MONETT MO		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME MATHEW GAYDOU			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address BIRCHIE L. GAYDOU PIERCE CITY		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH Sudden ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-29-54 to 11-13-57 and last saw him him alive on 11-1-57 Death occurred at 1:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Describe or title) F. J. Edwards M.D.			22b. ADDRESS Monett, MO		22c. DATE SIGNED 11-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 15 - 1957	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		23d. LOCATION (City, town, or county) (State) MONETT MO
24. FUNERAL DIRECTOR ADDRESS WARRS BROS PIERCE CITY MO		25. DATE RECD. BY LOCAL REG. 11-15-57		26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1157-203

DATE REC. 11-18-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Edwin Wilho Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilho.....

Licensed Embalmer No. 412

P. O. Address Pierce City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.