

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035939  
STATE FILE NUMBER

8x  
FILED NOV 12 1958 Registration District No. 101 Primary Registration District No. Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN #A# Lincoln		c. CITY OR TOWN Ava	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Gladys V. Mize		4. DATE OF DEATH Nov. 3, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 16, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and Farming-Own farm		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Denew, Missouri
13. FATHER'S NAME Jake C. Swearingin		14. MOTHER'S MAIDEN NAME Sarah L. Stafford	
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. None	17. INFORMANT Frank Smith, Ava, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of skull</i> DUE TO (b) <i>Broken limbs - multiple</i> 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 <i>Instantaneous</i>
20a. ACCIDENT <input checked="" 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.) <i>Fracture of skull</i>		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	<i>Broken limbs - multiple</i> 1954		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm home	20f. CITY, TOWN, OR LOCATION Ava	COUNTY Douglas STATE Mo.
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 8: A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) 2		22b. ADDRESS 120x 415 Ava, Mo	22c. DATE SIGNED Nov 4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-58	23c. NAME OF CEMETERY OR CREMATORY Ava	23d. LOCATION (City, town, or county) (State) Ava, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 4-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MEDICAL CERTIFICATION  
R. C. Swearingin

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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, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*Charles R. Fisk*.....

Licensed Embalmer No. *46*

P. O. Address *Ava, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.