

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042967

FILED NOV 26 1958

STATE FILE NUMBER

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 209

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-57

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|--|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sikeston | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp. | | Length of stay in lb 3 Hrs. | d. STREET ADDRESS (If outside, give location) 602 Wakefield Ave. | | Reside on: Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EDMUND Middle BENJAMIN Last GAULDIN | | | 4. DATE OF DEATH Month 11 Day 14 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-1-1899 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Equip. | | 10b. KIND OF BUSINESS OR INDUSTRY State Hwy. Dept. | | 11. BIRTHPLACE (City and state or country) Marshall, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Claude C. Gauldin | | 13b. MOTHER'S MAIDEN NAME Elizabeth Heskett | |
| 14. NAME OF HUSBAND OR WIFE Lucy Boulware | | 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. 488-24-0888 | |
| 17. INFORMANT Mrs. Lucy Gauldin, Sikeston, Mo. | | Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, Anterior Septal Coronary Occlusion Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) The pericardium, Anteroseptal DUE TO (c) 4201 | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs 5 1/2 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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 11-13-58 to 11-14-58 and last saw her alive on 11-14-58 Death occurred at 11:20 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | 22b. ADDRESS Sikeston, Mo. | | 22c. DATE SIGNED 11/15/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 11-16-58 | | 23c. NAME OF CEMETERY OR CREMATORY City | |
| 23d. LOCATION (City, town, or county) WILLOW SPRINGS MO | | 23e. (State) | | | |
| 24. FUNERAL DIRECTOR Welch Funeral Home - Sikeston Mo | | 25. DATE RECD. BY LOCAL REG. 11-20-58 | | 26. REGISTRAR'S SIGNATURE [Signature] | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.