

XB 408980
SL 20055

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022902

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No.

Primary Registration District No.

Registrar's No.

2 5810

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KENNETT Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 21 DAYS	d. STREET ADDRESS (If outside, give location) 804 N JACKSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EZRA Middle F. Last GAULTNEY			4. DATE OF DEATH Month JUNE Day 16 Year 1959
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 1/26/00
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) at 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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PIGGOTT, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE GAULTNEY	13b. MOTHER'S MAIDEN NAME MAUD GUNNERY
14. NAME OF HUSBAND OR WIFE ROXIE GAULTNEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) YES WW I	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT VA HOSP RECORDS		Address 915 N GRAND ST LOUIS MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia of basal nuclei Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atelectasis left lung DUE TO (c) Cerebral Arteriosclerosis 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post operative Cholecystectomy			INTERVAL BETWEEN ONSET AND DEATH 9 hours Immediate Years
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 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/26/59 to 6/16/59 and last saw him alive on 6/16/59 Death occurred at 9:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter H. Bett M.D.		22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED JUN 18 '59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-16-59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc.		ADDRESS 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. JUN 18 '59
		26. REGISTRAR'S SIGNATURE Walter H. Bett	

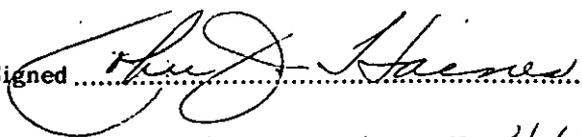
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

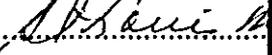
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4108

P. O. Address 

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.