

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011185

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 450

FILED MAR 27 1963

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Ash Grove Length of stay in 1b years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION West Part Town Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Greene
 c. CITY OR TOWN Ash Grove Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) West Part Town Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Gertrude Dell Cawthorn
 (Type or print)

4. DATE OF DEATH Month Day Year March 23, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 12-26-1896 9. AGE (last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
 11. BIRTHPLACE (City and state or country) Everton Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Malen Funk 13b. MOTHER'S MAIDEN NAME Ticyan Mallory 14. NAME OF HUSBAND OR WIFE Leon Cawthorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates) None
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT 408 Leon Cawthorn Address Ash Grove Mo.

18. CAUSE OF DEATH (Enter only one cause)
 PART I. DEATH WAS CAUSED BY
 IMMEDIATE CAUSE (a) Coronary Occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis
 DUE TO (c) Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 MARCH 9-1963 to MARCH 23, 63 and last saw her alive on MARCH 23, 1963
 Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. M. J. ... 22b. ADDRESS Ash Grove Mo 22c. DATE SIGNED 3/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 28-1963 23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery 23d. LOCATION (City, town, or county) (State) Ash Grove Missouri

24. FUNERAL DIRECTOR J. W. ... ADDRESS Ash Grove Mo. 25. DATE RECD. BY LOCAL REG. 3-26-63 26. REGISTRAR'S SIGNATURE Effie S. ...

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Oak Grove, 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.