MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-044845

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. ~~264~~ 4395 Registrar's No. 89

FILED DEC 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0770
2 0770
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gainesville — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Gainesville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Elizabeth Last: Gault

4. DATE OF DEATH: Month: November Day: 27 Year: 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: 5-20-1878

9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (City and state or country): Ripley Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Gist

13b. MOTHER'S MAIDEN NAME: Armenta Burous

14. NAME OF HUSBAND OR WIFE: Mark Gault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: Henry Gault Address: Gainesville, 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): Metastatic carcinoma lung — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Primary carcinoma breast — 1 yr.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Age, General debility, malnutrition, dehydration

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 6-21-63 to 11-27-63 and last saw her/him alive on 11-27-63

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur L. Bean M.D.

22b. ADDRESS: Gainesville, Mo

22c. DATE SIGNED: 11-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-30-63

23c. NAME OF CEMETERY OR CREMATORY: Mt. Home

23d. LOCATION (City, town, or county) (State): Mt. Home Ark

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Gainesville

25. DATE RECD. BY LOCAL REG.: 11.28.63

26. REGISTRAR'S SIGNATURE: Barbara Shaw by J.W.

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1964

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 John R. Usry

Licensed Embalmer No. 4885

P. O. Address Gainesville 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.