

FILED AUG 20 1945  
Registration District No. 338

Primary Registration District No. 6213

1. PLACE OF DEATH:

(a) County. Vernon

(b) City or town. Wacker Rural Blue Mound  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community. three years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Vernon

(c) City or town. Wacker Rural Blue Mound  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME. Leo Opal Gayman

3. (b) If veteran, name war none

3. (c) Social Security No. 523-16-1751

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 45 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Lucy Cleaver

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. July 9 1907  
(Month) (Day) (Year)

Immediate cause of death. Killed by lightning while plowing in field

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

37 11 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 187-8

Of autopsy. 11

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace. Opal Wyoming  
(City, town, or county) (State or foreign country)

10. Usual occupation. farmer

11. Industry or business. \_\_\_\_\_

12. Name. Austin Amos Gayman

13. Birthplace. Joplin Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name. Mama Agnes Cleaver

15. Birthplace. Homer Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant. Lucy Gayman

(b) Address. Wacker, Mo. R.F.D. #1

17. (a) Burial. (b) Date thereof. July 11 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Oak Cemetery

18. (a) Signature of funeral director. Lute Lewis & Son

(b) Address. Schell City Mo.

19. (a) 7-10-45 (b) Lucy Gayman  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). accident 108

(b) Date of occurrence. 7-7-45 4:30 P.M.

(c) Where did injury occur? on farm, Vernon mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm.

While at work \_\_\_\_\_ (Specify if so of place)

Means of injury. Corona

23. Signature. Mark Cleaver

Address. Nebraska Mo. Date signed 7-7-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1232

RECEIVED

District Health Officer No. 7,

Dist. No. 7-43-822

Date Filed 8-14-45

JUL 31 1947

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Marion M. Lewis*

Licensed Embalmer No.

*3084*

P. O. Address

*Schell City, 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 this body is not embalmed, fact should be so stated above.