

FILED SEP 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29632

Registration District No. 144

Primary Registration District No. 4224

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County IRON

(b) City or town IRANTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST MARYS OF THE OZARKS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo. (Specify whether years, months or days)

3: (a) PRINT FULL NAME MINNIE C. GISH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM GISH

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

7. Birth date of deceased FEB 17 1886
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>62</u>	<u>7</u>	<u>6</u>	hr. min.

9. Birthplace NAYLOR MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation FUNERAL DIRECTOR

11. Industry or business FUNERAL HOME

12. Name WILLIAM D. McKEOWN

13. Birthplace MULBERRY GROVE ILL
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH HUFFEAL

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

16. (a) Informant NORMAN W. GISH

(b) Address PIEDMONT, Mo

17. (a) BURIAL (b) Date thereof Aug. 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONS CEM

18. (a) Signature of funeral director Norman W. Gish

(b) Address Piedmont, Mo

19. (a) Sept 4 - 48 (b) Over Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPPLY 91

(c) City or town NAYLOR
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1948 hour 9 minute 45 AM

21. I hereby certify that I attended the deceased from 5-30, 1948, to 8-23- 1948
that I last saw her alive on 8-23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bilateral Bronchial pneumonia Duration 1 day

Due to Cerebral hemorrhage (Stroke) 3-9-48

Due to hypertensive heart disease ?

Other conditions Artero-sclerosis ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 83A

Underline the cause to which death should be charged statistically.

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

(a) Accident; suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. E. Farland (M. D. or other) M.D.

Address Ironton, Mo. Date signed 9-1-48

NOV 26 1948

Inspector Officer No. 4
District File Number 948-1184
Date Filed 9-16-48

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

Signed Harwin E. Bowler
Licensed Embalmer No. 4426
P. O. Address Quincy, 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.