

No. 300
10.48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33730

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u> <u>47</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANITVILLE MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANITEVILLE, MO.</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>52 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>GENERAL DEL</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EARL</u>	b. (Middle) <u>HICKS</u>	c. (Last) <u>GAULT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/13/49</u>
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5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>DEC. 18/ 1897</u>	9. AGE (In years last birthday) <u>51 YRS</u> 9 Months <u>25</u> Days <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STONE QUARRY</u>	11. BIRTHPLACE (State or foreign country) <u>ARGADIA MO.</u> <u>1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CLARENCE GAULT</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA GEORGE</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498 05 2274</u>	INFORMANT'S SIGNATURE OR NAME <u>LeRoy Williams Graniteville Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>5911</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over Indulgence in Food & Drink</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ironton Iron Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed. Samuel CORONER</u>	23b. ADDRESS <u>219 So. MAIN IRONTON MO</u>	23c. DATE SIGNED <u>10/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 11, 1949</u>	REGISTRAR'S SIGNATURE <u>Miss Davis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel</u>	ADDRESS <u>Funeral Home Ironton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

760

RECEIVED 10-27-49

District Health Officer No. 4

District File Number 1049-143

Date Filed _____

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, By me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. C. Howell

Licensed Embalmer No. 3670

P. O. Address Horton Md

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.