

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11651

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 28

1. a. COUNTY Stockard 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE MISSOURI b. COUNTY Stockard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie Missouri c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie 1830

d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Blocks East of Bernie d. STREET ADDRESS (If rural, give location) 2 Blocks East of Bernie

3. NAME OF DECEASED (Type or Print) a. (First) URBIN b. (Middle) ELVIS c. (Last) Gwaltney 4. DATE OF DEATH (Month) (Day) (Year) 3 18 1950

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Nov. 9, 1874 9. AGE (In years last birthday) 75 If UNDER 1 YEAR: Months 6 Days 9 If UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Saline County Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Gwaltney 13b. MOTHER'S MAIDEN NAME Rebecca Knight 14. NAME OF HUSBAND OR WIFE Dora Gwaltney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM KELLER Bernie, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lobar pneumonia INTERVAL BETWEEN ONSET AND DEATH 10 days  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS 490X  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 1:45 PM, from the causes and on the date stated above.

23a. SIGNATURE Max W. Rainey (Degree or title) Coroner 23b. ADDRESS Dexter, Missouri 23c. DATE SIGNED 3-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/20/1950 24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery 24d. LOCATION (City, town, or county) (State) Bernie Missouri

DATE REC'D BY LOCAL REG. 3-25-50 REGISTRAR'S SIGNATURE Velma W. Parkins 409 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drum Funeral Home Bernie

(Licensed Embalmer's Statement on Reverse Side) Drum Funeral Home

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

APR 21 1950

RECEIVED MAR 27 1950

District Health Office No. 2

District File Number 350-22

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, or by

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed J. S. Schuman Licensed Embalmer No. 4086

P. O. Address Malden

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.