

FILED AUG 24 1950

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 4174 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cardwell	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cardwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Arthur c. (Last) Gist			4. DATE OF DEATH (Month) (Day) (Year) August 5, 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 5, 1898		9. AGE (In years last birthday) 52
			IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer-Cotton		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cardwell, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME J. M. Gist		13b. MOTHER'S MAIDEN NAME Callie Lambert		14. NAME OF HUSBAND OR WIFE Nioba Gist	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Nioba Gist, Cardwell, Mo.		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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypernephroma of left kidney					
ANTECEDENT CAUSES		DUE TO (b)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Nephritis & Anemia				180X	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to **8-5**, 19**50**, that I last saw the deceased alive on **8-5**, 19**50**, and that death occurred at **2:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. G. [Signature] M.D.		23b. ADDRESS Cardwell, Mo		23c. DATE SIGNED 8-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-50		24c. NAME OF CEMETERY OR CREMATORY Cardwell		24d. LOCATION (City, town, or county) (State) Cardwell, Missouri	
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DATE REC'D BY LOCAL REG. 8-15-50		REGISTRAR'S SIGNATURE E. L. Harrison		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Emerson, Paragould, Arkansas		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT8-14-50.....

COUNTY FILE NUMBER ..850-239

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.....

Licensed Embalmer No.....

P. O. Address.....

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.