

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27598

State File No.

0600
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pineville (Rural)</u>		c. LENGTH OF STAY (in this place) <u>2 wk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> b. (Middle) <u>C.</u> c. (Last) <u>Gailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-51</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 9, 1897</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Gailey</u>		13b. MOTHER'S MAIDEN NAME <u>Arcie Jordan</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Gailey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Danaher Goodman Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Heart Disease</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u></u> rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/11</u> , 19 <u>51</u> , to <u>7/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/17</u> , 19 <u>51</u> , and that death occurred at <u>10:30 A.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Scott Bussell, M.D.</u> (Degree or title)			23b. ADDRESS <u>Pineville Mo.</u>			23c. DATE SIGNED <u>7/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pineville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pineville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-1-51</u>		REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u> <u>423</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Humphrey Pineville Mo.</u> ADDRESS <u></u>			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 6 1951

Dist. File _____

Date Filed _____

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Dist. File 927-1585-

Date Filed 9-6-51

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. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.