

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36359

BIRTH NO. 78651-50 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u> <u>01000</u>	
		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 3</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Gary</u>		b. (Middle) <u>Wayne</u>	
c. (Last) <u>Righter</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>Dec. 5 - 1950</u>		9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR <u>3</u> MONTHS IF UNDER 24 HRS. <u>Days</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	
11. BIRTHPLACE (State or foreign country) <u>Andrain Co. Hop, Mexico, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Steve Righter</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma Jones</u>	
14. NAME OF HUSBAND OR WIFE			
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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Meningitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Infection</u> <u>1 month</u> DUE TO (c) <u>Multiple Pulmonary abscess</u> <u>2 months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Internal Hydrocephalus</u> <u>" "</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy showed above described</u> <u>521X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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>19 Sept</u> , 19 <u>51</u> , to <u>8 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9 Nov</u> , 19 <u>51</u> , and that death occurred at <u>3:08 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. P. Bradford M. D.</u> (Degree or title)		23b. ADDRESS <u>208 Exchange Bldg</u>	
23c. DATE SIGNED <u>8 Nov, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>11/9/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo. P. F. D. # 1</u>	
DATE REC'D BY LOCAL REG. <u>Nov 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>Paul G. Ballou</u>		ADDRESS <u>Centralia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

105

RECEIVED NOV 19 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 19 1951

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 Paul J. Ballou

Licensed Embalmer No. 4206

P. O. Address Centerville, 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.