

STANDARD CERTIFICATE OF DEATH

State File No. **25028**

JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 4299 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Linn 0580</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. _____ b. COUNTY <u>Linn 0580</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>	
c. LENGTH OF STAY (in this place) <u>73 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) _____ c. (Last) <u>Joyce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1952</u>		
5. SEX <u>female /</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married /</u>	
8. DATE OF BIRTH <u>Dec. 28, 1878</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR (Days) <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George F. White</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Augusta Herriman</u>		14. NAME OF HUSBAND OR WIFE <u>Charley P. Joyce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley P. Joyce Bucklin, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thromboses</u>		DUE TO (b) <u>Arteriosclerosis</u>			
ANTECEDENT CAUSES		DUE TO (c) <u>Senility</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Gallstone colic</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____		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 Jan 10, 1949, to July 22, 1952; that I last saw the deceased alive on July 22, 1952; and that death occurred at 12:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Vinelness D.D.S.</u>		23b. ADDRESS <u>Bucklin Mo.</u>		23c. DATE SIGNED <u>7-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>7/24/1952</u>		REGISTRAR'S SIGNATURE <u>Madeline Stanbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garson Funeral Service, Bucklin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

E. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.