

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1780

State File No. _____
Registrar's No. 23

FILED JAN 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL Blue</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Blue</u>		TOWN <u>Blue</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route #2, Box 325, Jourd.</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2, Box 325, Jones Road</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>G.</u> c. (Last) <u>Gaulter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14, 1953</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 5, 1863</u>			
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>8</u>		11. DAYS <u>9</u>		12. HOURS <u></u> MIN. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Box Elder, KTAH</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lewis Gaulter</u>			13b. MOTHER'S MAIDEN NAME <u>HARRIE</u>		14. NAME OF HUSBAND OR WIFE <u>MORGAN Blanche M. Gaulter</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche M. Gaulter - Indep. Mo.</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation - congestive heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis & hyper-sensitive cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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				21g. ADDRESS (COUNTY) (STATE)			
22. I hereby certify that I attended the deceased from <u>3/21, 1951</u> , to <u>1/14, 1953</u> , that I last saw the deceased alive on <u>1/12, 1953</u> and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title)				23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>1/15/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>1-17-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354-		25. TUNERAL DIRECTOR'S NAME <u>Voland [Signature]</u>		ADDRESS <u>[Address]</u>			

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

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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

Roland R. Franks

Licensed Embalmer No. 3604

P. O. Address Indep, 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.