

FILED JAN 28 1953

STANDARD CERTIFICATE OF DEATH

3111

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

0319

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>Union</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) <u>50 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EL DORADO</u>		<u>8030</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Childrens Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>511 E. 15th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u>		b. (Middle) <u>ANNE</u>		c. (Last) <u>GAFFNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10-26-45</u>		9. AGE (In years last birthday) <u>7</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>MIDLAND TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN E. GAFFNEY</u>		13b. MOTHER'S MAIDEN NAME <u>ETHEL MEEKS</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Egan 1500 So. Kings Highway</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medulla blastoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>193X</u>	
19a. DATE OF OPERATION <u>1-11-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive Medulla blastoma in valvular region - 9th Vertebral</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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>193X</u>			
22. I hereby certify that I attended the deceased from <u>1-7</u> , 19 <u>53</u> to <u>1-12</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1-12</u> , 19 <u>53</u> , and that death occurred at <u>4:09 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John C. Hervey M.D.</u> (Degree or title)		23b. ADDRESS <u>Childrens Hospital</u>		23c. DATE SIGNED <u>1-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arlington</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 12 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(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

James Dinkley

Licensed Embalmer No. _____

3653

P. O. Address _____

St Louis, 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.