

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4057 State File No. 8996

BIRTH NO. 58688 REG. DIST. NO. 413 PRIMARY REG. DIST. NO. 4052 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Qulin		c. CITY (If outside corporate limits, write RURAL and give township) Qulin	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-City			

3. NAME OF DECEASED (Type or Print) a. (First) PETE b. (Middle) RAYMOND c. (Last) GAULTNEY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 17, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Sept. 6, 1952	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 11 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Qulin, Missouri	
12. COUNTRY OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Cecil Gaultney	13b. MOTHER'S MAIDEN NAME Iva Jean Hedges	14. NAME OF HUSBAND OR WIFE ----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cecil Gaultney, Qulin, Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basin Fracture skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fall from Bed DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9020 20	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Qulin Butler MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 17-53 - 4 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Baby fell from a bed struck head on a box
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Johnson (Degree or title) 3	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 3/21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 19, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
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DATE REC'D BY LOCAL REG. 3-22-53	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-151

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

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, W.

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.