

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10324

State File No. \_\_\_\_\_

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 47

0490  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Sarsapia Mo</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL, and give township) <u>Sarsapia Mo 0490</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra June</u> b. (Middle) <u>Gault</u> c. (Last) <u>Gault</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-53</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-29-1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarsapia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>John Willoughby</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>Harvey Gault</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Gault, Sarsapia Mo</u>		ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, uterine, with generalized metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ 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>9 mo.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>174X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1 Jan, 1953 to 11 Mar, 1953, that I last saw the deceased alive on 11 Mar, 1953, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leroy Simmons M.D.</u>	(Degree or title)	23b. ADDRESS <u>1201 Center St Sarsapia, Mo 64905</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarsapia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarsapia Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-14-53</u>	REGISTRAR'S SIGNATURE <u>W B Chilton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons Sarsapia Mo</u>	ADDRESS <u></u>
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RECEIVED 3-20-53  
Jasper County Health Office

County File Number 53/3/254

Date Filed 3-20-53

MAR 24 1955

MAR 23 1955

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Savoy 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.