

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14694

State File No. _____
REGISTRATION DISTRICT No. _____
Registrar's No. 184

FILED APR 22 1953

BIRTH NO. 22743 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Joplin</u> d. STREET ADDRESS <u>St. Johns Hosp.</u>					
3. NAME OF DECEASED a. (First) <u>MARK</u> b. (Middle) <u>Edward</u> c. (Last) <u>Gaugh</u>		4. DATE OF DEATH (Month) <u>Apr.</u> (Day) <u>18</u> (Year) <u>1953</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>4-18-53</u>	9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS. Hours <u>5</u> Mins. <u>35</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Warren Lee Gaugh</u>		13b. FATHER'S MAIDEN NAME <u>Verda Ladene Edwards</u>		14. NAME OF HUSBAND OR WIFE 				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren L. Gaugh</u>		ADDRESS <u>Richard, Okla.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (6 mo. pregnancy)</u> ANTECEDENT CAUSES Morbid 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>5 1/2 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>			20. AUTOPSY? YES <input 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) (Min.)		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 <u>4-18, 1953</u> , to <u>4-18, 1953</u> , that I last saw the deceased alive on <u>4-18, 1953</u> , and that death occurred at <u>10:4 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Juliette M. Elsie</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>327 Francis Bldg.</u>		23c. DATE SIGNED <u>4-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Apr. 18-53</u>		24b. DATE <u>Apr. 18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.A.R.</u>		24d. LOCATION (City, town, or county) (State) <u>Miami-Ottawa, Okla.</u>			
DATE REC'D BY LOCAL REG. <u>4-18-53</u>		REGISTRAR'S SIGNATURE <u>Ed D. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Thomas Fisher</u>		ADDRESS 		

RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/2345
Date Filed 4-21-53

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 *Paul Thomas*

Licensed Embalmer No. 1244

P. O. Address *Fisher, Okla*

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.