

FILED JUL 27 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 45681

BIRTH NO.		REG. DIST. NO. 262		PRIMARY REG. DIST. NO. 6299		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thornfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thornfield		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Roxie		b. (Middle) Dillia		c. (Last) Gauling	
4. DATE OF DEATH		(Month) 7		(Day) 6		(Year) 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-27-72	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and State or Foreign Country) Kyles Ford, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Abner Kyle		13b. MOTHER'S MAIDEN NAME Sarah Delp		14. NAME OF HUSBAND OR WIFE I H. Gauling		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 Mrs. Claude Crumley Willard		18. ADDRESS Mo.		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) It has been		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) almost one year since		DUE TO (c) The Dr. has seen	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Mrs. Gauling					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7955		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)	
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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:45P m., from the causes and on the date stated above.							
23a. SIGNATURE Mae Johnson		(Degree or title)		23b. ADDRESS Thornfield, Mo.		23c. DATE SIGNED 7-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-8-53		24c. NAME OF CEMETERY OR CREMATORY Thornfield		24d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
DATE REC'D BY LOCAL REG. 7-20-53		REGISTRAR'S SIGNATURE Mae Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmers' 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

*Charles P. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Ada, 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.