No. 300
10.48

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

State File No. 11600

BIRTH NO. FILED APR 20 1954 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 23

**1. PLACE OF DEATH**
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUFFALO RR
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo R.R.
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): GLADYS
b. (Middle): FAULKNER
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 4-13-1954

5. SEX: female
6. COLOR OR RACE: white
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): ~~[illegible]~~
8. DATE OF BIRTH: 10-23-1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 5 Days 23 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Anglin
13b. MOTHER'S MAIDEN NAME: Martha Mallard
14. NAME OF HUSBAND OR WIFE: —
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.:
17. INFORMANT'S SIGNATURE OR NAME: Wes Anglin — ADDRESS: Buffalo MO RR

**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**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Uremia (Coma) | 3 days |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Chronic Nephritis | ? |
| DUE TO (c) | Hypertension (Arteriosclerosis) | ? |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | | |

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 446X
20. AUTOPSY? YES ☐ NO ☑

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1954 *to* 4-13, 1954 *that I last saw the deceased alive on* 4-13, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Hammon (Degree or title): M.D.
23b. ADDRESS: Buffalo Mo.
23c. DATE SIGNED: 4-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-15-1954
24c. NAME OF CEMETERY OR CREMATORY: Mallard
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 4-17-54
REGISTRAR'S SIGNATURE: Emma Petrie 80
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Jones — ADDRESS: Buffalo Mo

(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.....

Licensed Embalmer No. 2508

P. O. Address.....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.