

FILED JAN 9 1956 STANDARD CERTIFICATE OF DEATH

State File No. 43115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Grand Pass</b>		c. LENGTH OF STAY (in this place) <b>11 years</b>	c. CITY OR TOWN <b>Malta Bend</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/4 mile east Malta Bend</b>		e. STREET ADDRESS (If rural, give location) <b>Rural route No. I.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b> b. (Middle) <b>Clifton</b> c. (Last) <b>Gauldin</b>			4. DATE OF DEATH <b>Dec. 30th, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 23, 1870</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Edmund Gauldin</b>	13b. MOTHER'S MAIDEN NAME <b>Frances E. Moores</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Heskett Gauldin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs C.C. Gauldin, Malta Bend, Mo. R.I</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Renal disease</b>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		<b>442X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Jan 1, 1950** to **Dec 30, 1955**, that I last saw the deceased alive on **Dec 30, 1955**, and that death occurred at **6-33P** m., from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) of <b>Douglas Kelley M.D. Waverly Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>1-3-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>(Campbell)-Lewis MARSHALL, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-3-56</b>	REGISTRAR'S SIGNATURE <b>Cecil G. Reed Deputy</b>	ADDRESS <b>335-0</b>

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

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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.....  
Signature of Student Embalmer

Signed *James H. Lewis*.....

Licensed Embalmer No. *4709*.....

P. O. Address *Marshall*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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