

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER **3502**Registration District No. **360** Primary Registration District No. **6227** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Woodson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deerfield Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Neosho Falls <i>87A</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 61 1/2 Mi. W. 54 Hi.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) West of Town
3. NAME OF DECEASED (Type or print) Albert Gauling			4. DATE OF DEATH Jan. 14 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 23 Nov. 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (In years last birthday) 56
11. BIRTHPLACE (City and state or country) Gainesville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Baxter Gauling		14. MOTHER'S MAIDEN NAME Nan Kyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Bernard Gauling
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Flailed chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) numerable fracture ribs, lacerated injuries DUE TO (c) auto accident			INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 10:45 a. m. Month, Day, Year 1-14-57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) W. on Hwy - 54 - 6 miles	20f. CITY, TOWN, OR LOCATION 6 1/2 miles W. of Nevada	COUNTY Vernon	STATE Mo
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 10:40 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard L. Shorten, Vernon Co. Coroner		22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 1-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 14 Jan. 57	23c. NAME OF CEMETERY OR CREMATORY Yates Center Cem.	23d. LOCATION (City, town, or county) (State) Yates Center, Kansas
24. FUNERAL DIRECTOR Richard L. Shorten		ADDRESS Nevada, Mo.	25. DATE RECD. BY LOCAL REG. 1-18-1957
			26. REGISTRAR'S SIGNATURE Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Lloyd C. McCord*.....

Licensed Embalmer No. 485

P. O. Address *Florida*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.