

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36595**  
Registrar's No. **25858**

FILED NOV 6 1957

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>5698</b>		REGISTRAR'S NO. <b>25858</b>		
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>				
b. CITY OR TOWN <b>Rural, Blue Mound Twp.</b>		c. LENGTH OF STAY (in this place) <b>21 yrs</b>		c. CITY OR TOWN <b>Rural, Blue Mound Twp 05-910</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Livingston, Co. M.E. Dawn, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>1 mile East of Dawn, Mo</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Francis</b> c. (Last) <b>Gwin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 19 57</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>12-1-04</b>		
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Brookfield, Mo.</b>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. COUNTRY OF WHAT COUNTRY? <b>USA.</b>		
13a. FATHER'S NAME <b>D. C. Gwin</b>			13b. MOTHER'S MAIDEN NAME <b>Ellie Cook</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Byrd Gwin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-40-5314</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Gwin, Dawn, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hr.</b>  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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>4201 Chillicothe Mo</b>				
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 <b>1 - 1950</b> , to <b>1957</b> that I last saw the deceased alive on <b>19 Oct, 1957</b> , and that death occurred at <b>5:30 Am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. D. Vandiver MD</b>				23b. ADDRESS <b>Chillicothe Mo</b>		23c. DATE SIGNED <b>19 Oct 57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-21-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Oct/20/57</b>		REGISTRAR'S SIGNATURE <b>Francis B. Neill</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman Funeral Home, Chillicothe, Mo</b>			

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

1710

FEB 20 1958

JUL 14 1958

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 \_\_\_\_\_

*Joseph M. Gibson*

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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.