

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021434

STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 109

Primary Registration District No. A180

Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Piggott 8030		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Franklin Clinic		Length of stay in 1b 5 1/2 Hours	d. STREET ADDRESS (If outside, give location) 86I Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Clara Lucille Gatewood			4. DATE OF DEATH Month May Day 31 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1913		9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Piggott, Arkansas		12. CITIZEN OF WHAT COUNTRY? U/S.A.
13a. FATHER'S NAME Elijah Brandon		13b. MOTHER'S MAIDEN NAME Ward		14. NAME OF HUSBAND OR WIFE V. O. Gatewood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. V. O. Gatewood Address Piggott Arkansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Low Blood Pressure DUE TO (c) Delay of Manual Resuscitation				INTERVAL BETWEEN ONSET AND DEATH 30 min 1 hr 2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 4201E				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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 Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5/31/58 to 5/3/58 and last saw her alive on 5/31/58 Death occurred at 9:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Sign or title) L. S. Calkins DO2			22b. ADDRESS Malden		22c. DATE SIGNED 6/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6 - 2 - 1958	23c. NAME OF CEMETERY OR CREMATORY Mitchell		23d. LOCATION (City, town, or county) (State) Greenway, Arkansas
24. FUNERAL DIRECTOR Lloyd Russell Piggott, Ark.			25. DATE RECD. BY LOCAL REG. 6-16-58		26. REGISTRAR'S SIGNATURE Mrs. Beulah Samplel

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HEAD
DEPARTMENT 6-23-5
COUNTY FILE NUMBER 658-1

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 *me*, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gerald W. Haggard*

Licensed Embalmer No. *1116*

P. O. Address *Piggott Ark.*

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.