

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039146
STATE FILE NUMBER

REG. NOV 18 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 526

5. 300
1-57

count
office

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charleston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SEMo Hosp.		Length of stay in 1b 24 hrs	d. STREET ADDRESS 306 S. 3rd St
3. NAME OF DECEASED (Type or print) First Thomas Middle Wert Last Gwaltney			4. DATE OF DEATH Month Nov. Day 7, Year 1958
5. SEX Male	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 11/9/1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster (retired)		10b. KIND OF BUSINESS OR INDUSTRY US Mail	11. BIRTHPLACE (City and state or country) Charleston, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Solomon Gwaltney	
13b. MOTHER'S MAIDEN NAME Fannie Yandell		14. NAME OF HUSBAND OR WIFE Edna Gwaltney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. WWI	17. INFORMANT Address Mrs T. W. Gwaltney, Charleston, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE			INTERVAL BETWEEN ONSET AND DEATH
① Severe bilateral brain contusions with necrosis of temporal lobes			24 hrs.
② Subdural and subarachnoid hemorrhages			24 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Pulmonary congestion			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Patient struck occiput as result of auto accident (Patient was pedestrian)	
20c. TIME OF INJURY Hour 6:00 a.m. p.m. Month, Day, Year 11-6-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Charleston COUNTY Mississippi STATE Mo.	
21. I attended the deceased from Death occurred at 6:05 PM Nov. 6, 1958, to Nov. 7, 1958, last saw him alive on Nov. 7, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gordon M. Munnelly, M.D.		22b. ADDRESS Cape Girardeau, Mo.	
22c. DATE SIGNED 11/8/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/10/58	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.
24. FUNERAL DIRECTOR Gordon M. Munnelly		25. DATE RECD. BY LOCAL REG. Nov 15, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

DEC 8 1959

JAN 5 1959

JUN 22 1960

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 *John G. Mummeler Jr*

Licensed Embalmer No. *3851*
P. O. Address *Charleston*

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.