THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043700
STATE FILE NUMBER

FILED DEC 24 1958 Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Campbell — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Rest Home — Length of stay in 1b: 4 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Campbell 0350 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Nora Middle: Last: Gebhart

4. DATE OF DEATH: Month 12 Day 1 Year 1958

5. SEX: Female **6. COLOR OR RACE**: White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] **8. DATE OF BIRTH**: 2-14-1880 **9. AGE** (In years last birthday): 78 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (City and state or country): Tennessee **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: William Curtis **13b. MOTHER'S MAIDEN NAME**: Jane Hardin **14. NAME OF HUSBAND OR WIFE**: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: 486-20-0079B **17. INFORMANT**: Marion Foster Address: Piggott, Arkansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerotic C.V. Disease — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 11/6/58, to 11/29/58 and last saw ~~him~~ her alive on 11/29/58.
Death occurred at 2:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wallace Belsy MD **22b. ADDRESS**: Campbell Mo. **22c. DATE SIGNED**: 12/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 12-3-58 **23c. NAME OF CEMETERY OR CREMATORY**: Woodlawn **23d. LOCATION** (City, town, or county) (State): Campbell Missouri

24. FUNERAL DIRECTOR ADDRESS: Russell Mortuary Pigrott, Ark **25. DATE RECD. BY LOCAL REG.**: 12-10-58 **26. REGISTRAR'S SIGNATURE**: Mrs Dulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 58-316

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. Higgins

Licensed Embalmer No. 1116 au

P. O. Address Piggott Ar

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.