THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004521
STATE FILE NUMBER

MAR 3 1959 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Rest Home — Length of stay in 1b 2½ yrs.

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

3. NAME OF DECEASED (Type or print) First JOHN Middle SAM Last GWYN
4. DATE OF DEATH Month Feb. Day 21, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH July 25, 1867
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months 4 Days 26 — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Holliday, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Gwyn
14. MOTHER'S MAIDEN NAME Elizabeth Holliday
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. None
17. INFORMANT Mrs Nannie Hobson Address Madison, Mo.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Senility 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 July 58, to 2-21-59 and last saw him alive on 2-20-59
Death occurred at 1:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Kelley (Degree or title) D.O. 2
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED 2-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 23, 59
23c. NAME OF CEMETERY OR CREMATORY Bethel Cem.
23d. LOCATION (City, town, or county) Holliday (State) Mo.
24. FUNERAL DIRECTOR Thompson-Mackler ADDRESS Madison, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 25 1959
26. REGISTRAR'S SIGNATURE Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 43

P. O. Address Madiso

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