

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008843

FILED APR 6 1959 Registration District No. 82 Primary Registration District No. 3017 STATE FILE NUMBER Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY OR TOWN <i>Boonville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Tipton</i> 0270 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Haas Nursing Home</i>		Length of stay in lb <i>4 mo</i>	d. STREET ADDRESS (If outside, give location) <i>5 mi. north</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>HARRY-DAVIS-GALES</i>			4. DATE OF DEATH <i>Mar-28-1959</i>		
First Middle Last			Month Day Year		

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May-19-1875</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Stanton Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Thornburg</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Malcolm R. Pender</i> Address <i>Tipton Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Senility</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <i>4500</i> 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>Sept 57</i> to <i>March 28-59</i> and last saw him alive on <i>3/27/59</i> Death occurred at <i>7:00</i> P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Dr. Deekiaque MD</i>	22b. ADDRESS <i>Boonville Mo</i>	22c. DATE SIGNED <i>3/31/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar-31-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pilot Grove Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Pilot Grove, Mo</i>
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24. FUNERAL DIRECTOR <i>Hayes & Painter</i> ADDRESS <i>Pilot Grove</i>	25. DATE RECD. BY LOCAL REG. <i>3/31/59</i>	26. REGISTRAR'S SIGNATURE <i>D Cooper</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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

Rayton E. Mayo

Licensed Embalmer No. *3074*

P. O. Address *Belot Grove*

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.