

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 17 1959

59-024027

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 138

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Audrain</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mexico</i>		Length of stay in 1b <i>6 days</i>		c. CITY OR TOWN <i>Centralia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Audrain County Hospital</i>				d. STREET ADDRESS (If outside, give location) <i>448 So. Jenkins</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>William Edward Gholson</i>				4. DATE OF DEATH Month Day Year <i>July - 7 - 1959</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar. 1 - 1874</i>	
9. AGE (last birthday) <i>85</i>		10. USUAL OCCUPATION (Give kind of work done Business most of working life, even if retired) <i>Retired Farmer</i>		11. BIRTHPLACE (City and state or country) <i>Franklin County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>James E. Gholson</i>				13b. MOTHER'S MYPHEN NAME <i>Marilla E. Boyd</i>		13c. NAME OF HUSBAND OR WIFE <i>Bessie Lee Gholson</i>	
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>489-42-9770</i>		17. INFORMANT <i>MRS. Bessie E. Gholson, Centralia, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intestinal Obstruction</i> DUE TO (b) <i>Perforated appendix</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>3 weeks</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congestive Heart Failure due to Arteriosclerotic Heart Disease</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <i>July 1, 1959</i> to <i>July 7, 1959</i> and last saw <i>her</i> alive on <i>July 7, 1959</i> Death occurred at <i>10 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ernest J. Janet MD</i>				22b. ADDRESS <i>Mexico, Mo</i>		22c. DATE SIGNED <i>7-8-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July - 9 - 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Centralia Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Centralia, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Paul J. Ballou - Centralia, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>July 9, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul J. Ballen

Licensed Embalmer No. 4206

P. O. Address Centralia,

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