

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 18 1960

-60-000555

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Camden</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage</b>		Length of stay in lb <b>6yrs</b>		c. CITY OR TOWN <b>Sunrise Beach</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunrise Beach</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Lake Road 20</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Milton</b> Middle <b>Alfred</b> Last <b>Gaugh</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>13</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-24-1890</b>		9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Kansas City Club Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>William Gaugh</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Wallers</b>				14. NAME OF HUSBAND OR WIFE <b>Emma Gaugh</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>496-16-5787</b>		17. INFORMANT Address <b>Mr Jessie Cole, Raytown Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>										INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b>										hours			
DUE TO (c) <b>Arteriosclerosis</b>										years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		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 <b>at death</b> to <b></b> and last saw her/him alive on <b></b> . Death occurred at <b>4:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Abbie B. Woolery - County Coroner Camden Mo</b>						22b. ADDRESS <b>Camdenton Mo</b>			22c. DATE SIGNED <b>1/14/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 16 - 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills, Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Reed Funeral Home, Camdenton, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 14 - 1960</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha J. Traw.</b>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1959

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 374

P. O. Address Camden

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