

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005859**

**FILED VS FEB 29 1960**

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 204 STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>                  | Length of stay in 1b<br><u>3 Weeks</u> | c. CITY OR TOWN <u>Gainesville, Mo.</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> |  | d. STREET ADDRESS (If outside, give location)   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |

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|---|----------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Horace V. Gaulding</u>                                   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb 17-1960</u>             |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/15/1907</u>                                 | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR<br><u>52</u> Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Live Stock dealer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Company</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Nottingham, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Baxter Gaulding</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Nannie Kyle</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Edith Gaulding</u>                 |   |

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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)<br><u>No.</u> | 16. SOCIAL SECURITY NO.<br><u>489-32-5829</u> | 17. INFORMANT<br><u>Edith Gaulding</u> | Address<br><u>Gainesville, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of the Pancreas</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>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<br>COUNTY STATE |
|--|--|--|

21. I attended the deceased from 1-28-60 to 2-17-1960 and last saw her/him alive on 2-17-1960  
Death occurred at 9:12 A.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)<br><u>S. Richard Webb M.D.</u> | 22b. ADDRESS<br><u>609 Cherry-Springfield, Mo.</u> | 22c. DATE SIGNED<br><u>2-22-60</u> |
|---|--|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>2-17-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Simms Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Gainesville, Missouri</u> |
|---|-----------------------------|---|---|

|   |                                    |  |   |
|---|------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Clinkingbeard Funeral H.</u> | ADDRESS<br><u>Gainesville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2-24-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*[Handwritten scribble]*

**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 *L. Doolan Gorman*

Licensed Embalmer No. 3177

P. O. Address *Springfield*

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.