

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014011

FILED VS. APR 12 1960 378

Registration District No. Primary Registration District No. 4552

Registrar's No. 19

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE		Length of stay in 1b 23 YRS		c. CITY OR TOWN MTN. GROVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MTN. GROVE REST HOME				Institution Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT GAULDING Middle HOWARD Last				4. DATE OF DEATH Month 4 - Day 5 - Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-23-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City, and state or country) THORNFIELD MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE MATTIE McALISTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT MAX GAULDING, HAYTI, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH four months
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 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 3-2-1960 to 4-5-60 and last saw him alive on 4-4-60 Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. Williams M.D. (Degree or title)				22b. ADDRESS 12th Home Mo.		22c. DATE SIGNED 4-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE APRIL 7 1960	23c. NAME OF CEMETERY OR CREMATORY HOSINGTON Cem		23d. LOCATION (City, town, or county) HOSINGTON		STATE KANSAS	
24. FUNERAL DIRECTOR BARBER F. Home		ADDRESS 12th Home		25. DATE RECD. BY LOCAL REG. 4-8-1960	26. REGISTRAR'S SIGNATURE Devince d. Silverman		

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 *R. W. Bork*

Licensed Embalmer No. 38

P. O. Address _____

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 the body was embalmed by a STUDENT, he also shall sign in his OWN handwriting. If the body was not embalmed, fact should be so stated above.

