MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED MAY 15 1961

AMENDED

-61-014745
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 55

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: | Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 Mi. S. E. of Halfway | Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Polk
c. CITY OR TOWN: Halfway | Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 Mi. S. E. of Halfway | Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: AUDREY Middle: I. Last: VAN GILDER

4. DATE OF DEATH: Month: April Day: 28 Year: 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 25, 1901
9. AGE (last birthday): 59 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (City and state or country): Polk Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Bert Wolfe
13b. MOTHER'S MAIDEN NAME: Onie Brock
14. NAME OF HUSBAND OR WIFE:

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: W. W. Van Gilder Address: Halfway, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	14 days
DUE TO (b)	Cardio-vascular-renal Hypertension Disease	2 yrs.
DUE TO (c)	Arteriosclerosis 4 plus	3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Thrombo-phlebitis of left leg

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 1959, to 4-28-61 and last saw her alive on 4-27-61
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Gammon M.D.
22b. ADDRESS: Buffalo, Mo.
22c. DATE SIGNED: 5-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: April 30, 1961
23c. NAME OF CEMETERY OR CREMATORY: Schofield
23d. LOCATION (City, town, or county) (State): Polk Co. Mo.

24. FUNERAL DIRECTOR: L. B. Jones ADDRESS: Buffalo, Mo.
25. DATE RECD. BY LOCAL REG.: May 10, 1961
26. REGISTRAR'S SIGNATURE: Ralph Gorden per Jewell Gorden

(Licensed Embalmer's Statement on Reverse Side)

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 Gnl, Student Embalmer No. ✓ working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, Ga

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.