

S. No. 2
M-5-43
5-17-39
I X36671

State File No.

FILED DEC 17 1944

Primary Registration District No. 3020

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Ludlow, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Chillicothe Hospital, Chillicothe, Missouri
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Mooresville Green Twn.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Mabel Gastineau

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Archie Gastineau 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 27th, 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1944 hour 9 30 minute P M.

21. I hereby certify that I attended the deceased from Nov 1, 1944 to Nov 15, 1944

that I last saw her alive on Nov 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>6</u>	<u>27</u>	hr. min.

Duration 5 days

Due to Vegetative heart Valve disease - ?

9. Birthplace Ludlow, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: g/a

11. Industry or business

12. Name Dave Corbin

13. Birthplace Unknown, W.Va.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Edwards

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Archie Gastineau

(b) Address Mooresville, Mo

17. (a) Burial (b) Date thereof 11-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth Cem.

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Missouri

19. (a) Nov 21 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? (City or town) (County) (State) X

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? (Specify type of place) (c) Means of injury o

23. Signature M. B. Brunson (M. D. or o)
Address Chillicothe, Mo Date signed 11/17/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Bernard J Mead*.....

Licensed Embalmer No. *2501*.....

P. O. Address. *Brazzner, Md*.....

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 this body is not embalmed, fact should be so stated above.