

FILED SEP 27 1948

State File No.

Registration District No. 234

Primary Registration District No. 5863

Registrar's No. 29

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Couch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Couch (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Gazaway
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Gazaway
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 25 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 1 hr. min.

9. Birthplace Gatewood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Gazaway
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Baker
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Gazaway
(b) Address Couch, Mo.

17. (a) Burial (b) Date thereof 8/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Deland Carter
(b) Address Thayer, Mo.

19. (a) 9-10-48 (b) Elle Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1948 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 20, 1948 to Aug 22, 1948
that I last saw him alive on Aug 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease
Chronic disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 93%
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature W. H. Gazaway (M. D. or other) W. H. Gazaway
Address Thayer, Mo. Date signed 9-7-48

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

243
39
38671

RECEIVED 9-21-48
District Health Officer No. 5,
District File Number 948609
Date Filed 9-22-48

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.....

Licensed Embalmer No.....

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

Registration District No. 254 Primary Registration District No. 5863

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Mr H Gayaway
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased March 2 (Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____ (If less than one day _____ hr. _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Gayaway

(b) Address Couch MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem.

13. (a) Signature of funeral director Teland Carter

(b) Address Thayer MO

19. (a) 9-10-48 (Date received local registrar) (b) Ella Cross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1948 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence _____

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

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C.W. Cooper (M. D. or other) M.D.

Address Thayer MO Date signed 9-7-48

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

SUPPLEMENTARY

1948
S-30529