

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

No. 300  
10-48

FILED JAN 21 1949

State File No. 240  
64

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joe.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>H</u> c. (Last) <u>Gaskell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 16 - 49</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 14, 1900</u>		9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Days <u>9</u> IF UNDER 24 HRS. Hours <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>American</u>					

13a. FATHER'S NAME <u>Albert Wender</u>		13b. MOTHER'S MAIDEN NAME <u>Jesse LaFollette</u>		14. NAME OF HUSBAND OR WIFE <u>Harrison H. Gaskell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison H. Gaskell</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>5</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U</u>	

22. I hereby certify that I attended the deceased from Nov 18, 1948, to 1-16, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>State Hospital #2 St. Joe</u>		23c. DATE SIGNED <u>1-16-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cameron Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cameron, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>Jan 17, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Poland Funeral Home, Cameron, Mo.</u>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joseph P. Hammell*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*44 3/4*  
*224 West 4th*  
*Camden, New*

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.