

FILED JAN 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1963
4

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Moreau Twnship		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Moreau Twnship	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 9 mi. N.E. Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9 mi. N.E. Versailles			

3. NAME OF DECEASED (Type or Print) a. (First) Dosia b. (Middle) Stoddard c. (Last) GABRIEL			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15-1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1st-1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Morgan County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Stoddard	13b. MOTHER'S MAIDEN NAME Louise Stoddard	14. NAME OF HUSBAND OR WIFE David Gabriel
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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'S SIGNATURE OR NAME Richard Gabriel-Jefferson City, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 weeks
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Unknown
	DUE TO (b) Arterio Sclerosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 11-2, 1948, to 1-15, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Washburn M.D.	(Degree or title)	23b. ADDRESS Versailles, Mo	23c. DATE SIGNED 1-17-49
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24a. BURIAL / CREMATION REMOVAL (Specify) Burial	24b. DATE Jan. 17-49	24c. NAME OF CEMETERY OR CREMATORY Hopwell Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County, Mo.
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DATE REC'D BY LOCAL REG. Jan 17-1949	REGISTRAR'S SIGNATURE J. L. Washburn 214	25. FUNERAL DIRECTOR'S SIGNATURE V. F. ...	ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1630
Date Filed 1-24-49

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 *J. F. Kimmel*

Licensed Embalmer No. 1546

P. O. Address *Versailles Mo*

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.