

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 273-A

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural—South Campbell Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Billings</b>	
c. LENGTH OF STAY (in this place) <b>195 Days</b>		d. STREET ADDRESS (If rural, give location) <b>J</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>OSZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>Christian</b> b. (Middle) <b>Fredrick</b> c. (Last) <b>Gado</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1949</b>		
--	--	--	---	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 4, 1856</b>		9. AGE (in years last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>19</b>		IF UNDER 2 HRS. Hours <b>1</b> Min.	
--------------------	--	-------------------------------	--	---	--	--------------------------------------	--	---	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Steeteen, Germany</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
---	--	---	--	--	--	--	--	--	--

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>August Almelia Gado</b>			
-----------------------------------	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ben Gado</b> ADDRESS <b>Rt. # 1, Aurora</b>			
--	--	-------------------------------------	--	--	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/2/1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>✓</b>	
---	--	---	--	-------------------------------------	--

22. I hereby certify that I attended the deceased from **Sept. 9, 1948**, to **3-23-49**, 19\_\_\_\_, that I last saw the deceased alive on **3-23-49**, 19\_\_\_\_, and that death occurred at **12:50 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. C. M... M.D.</b>		23b. ADDRESS <b>700 E. Sunshine, Springfield</b>		23c. DATE SIGNED <b>3-23-49</b>	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>3/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EVANGELICAL</b>		24d. LOCATION, (City, town, or county) (State) <b>BILLINGS, MO.</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>3/23/49</b>		REGISTRAR'S SIGNATURE <b>W. S. Standley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Barn's</b> ADDRESS <b>Clover, Mo.</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

*John Dean Harris*

Licensed Embalmer No.

*4390*

P. O. Address

*Cleves, 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.