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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9412

FILED MAR 31 1949

State File No. ....

No. 300  
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY: <u>Pemissot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Pemissot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Hayti</u>		c. LENGTH OF STAY (in this place):		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Hayti</u>		d. STREET ADDRESS (If rural, give location):	
d. FULL NAME OF HOSPITAL OR INSTITUTION:				d. STREET ADDRESS (If rural, give location):			
3. NAME OF DECEASED (Type or Print) a. (First): <u>Harry</u>			b. (Middle):			c. (Last): <u>Gaither</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 9th 1949</u>		5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>married</u>	
8. DATE OF BIRTH: <u>August 28, 1894</u>		9. AGE (In years last birthday): <u>54</u>		10. MONTHS: <u>7</u>		11. DAYS: <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Alton Indiana</u>		12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A</u>	
13a. FATHER'S NAME: <u>James William Gaither</u>		13b. MOTHER'S MAIDEN NAME: <u>Harriet Meyers</u>		14. NAME OF HUSBAND OR WIFE: <u>Lillian Gaither</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>Yes War # I</u>		16. SOCIAL SECURITY NO.:		17. INFORMANT'S SIGNATURE OR NAME: <u>Lillian Gaither</u> ADDRESS: <u>Hayti Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH: <u>18 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES: <u>Coronary Occlusion</u>				DUE TO (b) <u>Coronary Occlusion</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Essential Hypertension</u>				DUE TO (d) <u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS: <u>Essential Hypertension</u>		Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (e) <u>3 year</u>	
19a. DATE OF OPERATION: <u>None</u>		19b. MAJOR FINDINGS OF OPERATION:				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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):		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.):		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Oct 1, 1947</u> , to <u>March 9, 1949</u> , that I last saw the deceased alive on <u>March 9, 1949</u> , and that death occurred at <u>2:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>H. Gaither</u> (Degree or title): <u>O.D.</u>		23b. ADDRESS: <u>Caruthersville, Mo.</u>		23c. DATE SIGNED:			
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24b. DATE: <u>3-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State): <u>Hayti Mo</u>	
DATE REC'D BY LOCAL REG.: <u>3-25-49</u>		REGISTRAR'S SIGNATURE: <u>John W. German</u> 406		25. FUNERAL DIRECTOR'S SIGNATURE: <u>John W. German</u> ADDRESS: <u>Hayti Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

3-49-87

MAY 18 1948

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 H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.