

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11149**

No. 300  
10.48

9700

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chelso 01</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR "Rural" TOWN <b>Marshall Township Ry 2 m 13d</b>		c. LENGTH OF STAY (in this place) <b>Py 2 m 13d</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla "Rural"</b>		d. STREET ADDRESS (If rural, give location) <b>Hobson Stav Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State School</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ferris</b> b. (Middle) <b>Inogene</b> c. (Last) <b>Gale</b>			4. DATE OF DEATH (Month) <b>April</b> (Day) <b>8</b> (Year) <b>49</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Nov 24, 1923</b>
9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b>14</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Rolla, Missouri</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm Grover Gale</b>		13b. MOTHER'S MAIDEN NAME <b>Burgess</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records Mo State School</b> ADDRESS <b>Marshall</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12-48-4-49</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>002X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 11, 1948</b> , to <b>April 8, 1949</b> , that I last saw the deceased alive on <b>April 8, 1949</b> , and that death occurred at <b>8:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>S. J. Kelly M.D.</b> (Degree or title)		23b. ADDRESS <b>Marshall, Missouri</b>	23c. DATE SIGNED <b>April 8, 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 11-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mo. State School</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Apr. 9-1949</b>	REGISTRAR'S SIGNATURE <b>Sidney T Gray</b> 385	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b> ADDRESS <b>Marshall Mo.</b>	

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-11-49

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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.

Signed Joseph R. Mascher

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.