

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11933

State File No. ....

DUPLICATE  
FILED MAY 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. ....

36  
3030

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield Rd.</u>	

3. NAME OF DECEASED a. (First) <u>Annie</u> b. (Middle) <u>Louise</u> c. (Last) <u>Gaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1949</u>		
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 21, 1879</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Monroe Bigley</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Redlich</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin Gaugh (deceased)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frieda Gaugh</u> ADDRESS <u>St. Clair, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>400.</u>
	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. <u>442X</u>		

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) <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) _____
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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 \_\_\_\_\_, 1949, to 3-11, 1949, that I last saw the deceased alive on 3-9, 1949, and that death occurred at 8:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>H.M. Lenny M.D.</u> (Degree or title)	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>3-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/14/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anaconda Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anaconda, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-21-49</u>	REGISTRAR'S SIGNATURE <u>B.L. Worthington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey &amp; Russell Adams</u> ADDRESS _____
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DUPLICATE

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

Date Filed  
District File Number  
MAY 12 1949  
District Health Officer No. 9  
RECEIVED

JAN 10 1950

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

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

Signed David Russell

Licensed Embalmer No. 4520

P. O. Address St Clair 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.