

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36252

4028 State File No.  
5066 Registrar's No. 32

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LIBERAL</b>		c. LENGTH OF STAY (in this place) <b>24 YRS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GABRIELLE</b>	b. (Middle) <b>HEBER</b>	c. (Last) <b>FAST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 2 1949</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUGUST 18 1872</b>	9. AGE (in years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>	11. BIRTHPLACE (State or foreign country) <b>BROADWAY, OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>T. O. BURSON</b>	13b. MOTHER'S MAIDEN NAME <b>EDITH BAULT</b>	14. NAME OF HUSBAND OR WIFE <b>MARTIN GRANT FAST</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HAZEL D. FAST</b>	ADDRESS <b>LIBERAL, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>334X</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Hypertension</b>		
19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION <b>0</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>0</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>0 0 0</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>0</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>0</b>
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22. I hereby certify that I attended the deceased from **11/11, 1949**, to **11/27, 1949**, that I last saw the deceased alive on **11/27, 1949**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. B. Eddleman M.D.</b>	23b. ADDRESS <b>Liberal Mo</b>	23c. DATE SIGNED <b>12/13/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC 4 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARTON CITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LIBERAL, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>Dec 5, 1949</b>	REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>	432	25. FUNERAL DIRECTOR'S SIGNATURE <b>KONANTZ FUNERAL HOME</b>	ADDRESS <b>LAMAR, MO.</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

6000

RECEIVED DEC 7 1949  
District Health Office No. 6,  
District File Number 1249-1312  
Date Filed 12-7-49

**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.

Signed Frank W. Denton

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

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.