No. 300
10-48

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

970

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5529 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland - Wheatland
c. LENGTH OF STAY (In this place): All of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mile North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland - Rural - Wheatland
d. STREET ADDRESS (If rural, give location): 1/2 mile North 0430

3. NAME OF DECEASED (Type or Print)
a. (First): MAXINE
b. (Middle): ANN.
c. (Last): Gist

4. DATE OF DEATH (Month) (Day) (Year): JAN - 22 - 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single N
8. DATE OF BIRTH: Oct 25 - 1942
9. AGE (In years last birthday): 7 — If under 1 year: Months 2, Days 27 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wheatland Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm Gist
13b. MOTHER'S MAIDEN NAME: Dorris Gist
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm Gist, Wheatland Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation — 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): Vomiting & paralysis — 1 year
Difficult
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
20. AUTOPSY? YES ☐ NO ☒

ADDITIONAL SUPPLEMENT ON REVERSE

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hickory
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 - 22 - 1950 3:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: vomiting

22. *I hereby certify that I attended the deceased from* March, 1947 *to* Jan. 22, 1950, *that I last saw the deceased alive on* Dec. 20, 1949, *and that death occurred at* 5:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. E. Briggs, D.O.V.
23b. ADDRESS: Wheatland, Mo.
23c. DATE SIGNED: 1-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-50
24c. NAME OF CEMETERY OR CREMATORY: Gardner Cemetery
24d. LOCATION (City, town, or county) (State): Wheatland, Mo

DATE REC'D BY LOCAL REG.: Jan 24-50
REGISTRAR'S SIGNATURE: W. P. Hargiss 121 o
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gilbert Hathaway - Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 12-49-2028
Date Filed 1-31-50

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.