

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7452

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) Hartville	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Norwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Coffman Rest Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) Franklin b. (Middle) Elmer c. (Last) Gale			4. DATE OF DEATH (Month) (Day) (Year) 1-7-1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 4-11-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 26	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James Gale		13b. MOTHER'S MAIDEN NAME Lydia Axtell		14. NAME OF HUSBAND OR WIFE Unknown	
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Minnie Mae Gale</i>	ADDRESS Norwood Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>High myopia of R.D.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>R. Rheumatism</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 1331X	
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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)	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) (m.)	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 *Nov 1, 1949*, to *Jan 7, 1950*, that I last saw the deceased alive on *Jan 7, 1950*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. J. Wray (MD)</i>	(Degree or title)	23b. ADDRESS Norwood, Mo.	23c. DATE SIGNED 1/12/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/12/50	24c. NAME OF CEMETERY OR CREMATORY Branch Cemetery	24d. LOCATION (City, town, or county) (State) Douglas County, Mo.
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DATE REC'D BY LOCAL REG. 2-25-1950	REGISTRAR'S SIGNATURE <i>E. Garner</i>	346	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Houllet</i>	ADDRESS Norwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1140
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RECEIVED
District No. 10, 8,
250-262
Date Filed 2-27-50

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, XXXXXX

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas Houlden

Licensed Embalmer No. 4317

P. O. Address NORWOOD, 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.