

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7504**

2042
 b

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladonia, Mo. 0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital, Mexico, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) _____ c. (Last) <u>Gish.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April, 17, 1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Summerset, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Eastham</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>George E. Gish.</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Marshall</u>		ADDRESS <u>Ladonia, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgery on Mar. 14 1950 for removal of tumors of both ovaries which appeared to be carcinomatous</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u> <u>2 years.</u> <u>4 20!</u> <u>about 1 1/2 yrs.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. 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) _____		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 <u>Mar. 10, 1950</u> , to <u>Mar 23, 1950</u> , that I last saw the deceased alive on <u>Mar 23, 1950</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. D. Swan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>3-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March, 24, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ladonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 27 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Reely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bienhoff</u>		ADDRESS <u>Ladonia, Mo.</u>	

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

APR 12 1950

RECEIVED APR 5 1950
District Health Officer No. 10
District File Number 4-57-585-
Date Filed APR 5 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clyde C. Wilkey*
Licensed Embalmer No. 3820
P. O. Address *Ferry, 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.