

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15917

BIRTH NO. 13110-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 653

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS 509 Mason Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) ROGER b. (Middle) PERRY c. (Last) GUST			4. DATE OF DEATH (Month) (Day) (Year) 5 29 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-12-1950
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
13a. FATHER'S NAME Roy Gust		13b. MOTHER'S MAIDEN NAME Betty Gayler	14. NAME OF HUSBAND OR WIFE None
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 ADDRESS Roy Gust, 509 Mason Ave., City
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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 da
	ANTECEDENT CAUSES b. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191X		
19a. DATE OF OPERATION.	19b. MAJOR FINDINGS OF OPERATION		20. 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) St Joseph Mo	
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 <u>5-29, 1950</u> to <u>5-29, 1950</u> that I last saw the deceased alive on <u>5-29, 1950</u> and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Roger Moore		23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 5-31-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-31-50	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. June 5 1950	REGISTRAR'S SIGNATURE K. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE John C. Rupp	ADDRESS St. Joseph, Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Sump
Licensed Embalmer No. 3986

P. O. Address St Joseph, Ill

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.