

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16080

State File No.

BIRTH NO. REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal, Audrage Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal, Audrage Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Gen. Hl.</u>		<u>Gen. Hl. 0150</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Gauge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 18 - 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Montreal, Mo</u>	
13a. FATHER'S NAME <u>Elston Gauge</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth O'Neil</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Maness</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jim Gauge</u>		ADDRESS <u>Montreal, Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart</u>			
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				<u>4/10x</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 1948 to May 1, 1950 that I last saw the deceased alive on May 1, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. G. Leibore</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Camden, Mo.</u>		23c. DATE SIGNED <u>5-9-50</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 4 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freedon</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>	

DATE REC'D BY LOCAL REG. <u>May 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Zephra Shaw</u> 42	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>	ADDRESS <u>Camden, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150

RECEIVED 5-17-50
District Health Officer No. 7
District File Number 4-50-5
Date Filed 5-17-50

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 *Abbie Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden, Md.*

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.