

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17860

State File No.

Registrar's No. 1146

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4457	
1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		d. STREET ADDRESS (If rural, give location) 0910
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		a. (First) George	b. (Middle) Ephram	c. (Last) Gish	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1950
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 1 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired railroader		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Neodasha, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Jeff Gish		13b. MOTHER'S MAIDEN NAME Martha Walker		14. NAME OF HUSBAND OR WIFE Lucey Gish	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Howard Gish		
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) Hypertension ANTECEDENT CAUSES DUE TO (b) Atherosclerosis DUE TO (c) Coronary atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. "Found Dead in bed"			INTERVAL BETWEEN ONSET AND DEATH 4201
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)		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. G. Johnston		23b. ADDRESS Naylor, Mo.		23c. DATE SIGNED 2-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Naylor Masonic	24d. LOCATION (City, town, or county) (State) Naylor, Mo.		
DATE REC'D BY LOCAL REG. 4-13-50	REGISTRAR'S SIGNATURE E. G. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home		ADDRESS Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED 5-8-50

District Health Officer No. 5,

District File Number 550278

Date Filed 5-10-50

MAY 20 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 Bryan McCard

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.