

BIRTH NO. .... REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Rural</u>		c. LENGTH OF STAY (in this place) <u>46 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		1739		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>51st &amp; Range Line</u>				d. STREET ADDRESS (If rural, give location) <u>51st &amp; Range Line</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tillie</u> b. (Middle) <u>A.</u> c. (Last) <u>Gager</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1950</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 21, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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 <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Davenport, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Lehr</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie</u>		14. NAME OF HUSBAND OR WIFE <u>O. H. Gager</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. H. Gager 51st &amp; Range Line</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal Disease</u>				DUPLICATE				<u>2 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arterio Sclerosis</u>				<u>2 yrs.</u>
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>442X</u>
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) <u>Joplin Newton Mo</u>				
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>March 16, 1950</u> , to <u>June 9, 1950</u> , that I last saw the deceased alive on <u>June 9, 1950</u> , and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ang E Meredith MD</u>				23b. ADDRESS <u>401 Fenwick Bldg</u>		23c. DATE SIGNED <u>6-12-50</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-14-50</u>		REGISTRAR'S SIGNATURE <u>Ed S. James 227</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo.</u>		

*man edith*

# RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-140

Date Filed JUN 23 1950

*[Faint stamp]*

*[Faint stamp]*

NOV 6 1958

## 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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.