

No. 300
10-48
FILED JUL 24 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22803

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 819

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 N/ 11th Street		d. STREET ADDRESS (If rural, give location) 408 N.11th Street	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) George c. (Last) Gabbert			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 9, 1856
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Livery & Butcher Shop		10b. KIND OF BUSINESS OR INDUSTRY -Owner-	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ranson Gabbert	
13b. MOTHER'S MAIDEN NAME Mary Ann Sherwood		14. NAME OF HUSBAND OR WIFE Cannie Gabbert	
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 Mrs. James Ward
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Heart Failure, Death INTERVAL BETWEEN ONSET AND DEATH Four hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ② Arteriosclerosis General DUE TO (c) ③ Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ④ Basal cell Carcinoma of right cheek	
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) 45000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-29, 1949 , to 7-8, 1950 , that I last saw the deceased alive on 7-8, 1950 and that death occurred at 8:35P m. , from the causes and on the date stated above.	
23a. SIGNATURE Wm B. Rostman		23b. ADDRESS 510 Carby Bldg	
23c. DATE SIGNED 7-10-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery	
24d. LOCATION (City, town, or county) (State) Rushville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Nate Fleckhoff	
25. DATE REC'D BY LOCAL REG. July 15, 1950		25. REGISTRAR'S SIGNATURE E. G. Jenkins	
25. ADDRESS St. Joseph, Mo		25. ADDRESS St. Joseph, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ ****

.....
working under my personal supervision.

Student Embalmer No. ****

Signed

Raymond W. Meehan

Signed.....
Student Embalmer

Licensed Embalmer No. 413 Missouri

P. O. Address St. Joseph, Missouri

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.