

FILED JAN 15, 1951

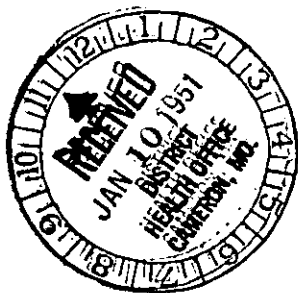
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41416

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

BIRTH NO. _____		REG. DIST. NO. 487		PRIMARY REG. DIST. NO. 2040		Registrar's No. 204	
1. PLACE OF DEATH <i>Missouri</i> a. COUNTY <i>Livingston</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Livingston</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i>		c. LENGTH OF STAY (In this place) <i>23 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i>		<i>05/20</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None 419 Polk St</i>				d. STREET ADDRESS (If rural, give location) <i>419 Polk Street</i>			
3. NAME OF DECEASED <i>ELIZA</i> (Type or Print)		b. (Middle) <i>JANE</i>		a. (Last) <i>GUSEWELLE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 - 29 - 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>8-8-1864</i>		9. AGE (In years last birthday) <i>86</i> # UNDER 1 YEAR Months <i>3</i> Days <i>27</i> # UNDER 1 Mth. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>		11. BIRTHPLACE (State or foreign country) <i>Gilman City - Rural</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Zachariah Welden</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Lively</i>		14. NAME OF HUSBAND OR WIFE <i>John W. Gusewelle</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>May Lindsey 2408 Mitchell St Chillicothe Mo</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of left breast with metastases to lungs</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <i>170X</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs 1 yrs</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 2, 1950</i> , to <i>Dec 24, 1950</i> , that I last saw the deceased alive on <i>Dec 24, 1950</i> , and that death occurred at <i>220 P m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. O. Casper</i>		(Degree or title) <i>MD</i>		23b. ADDRESS <i>Chillicothe Mo</i>		23c. DATE SIGNED <i>Dec 31/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-31-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>G. F. and G. M.</i>		24d. LOCATION (City, town, or county) (State) <i>East of Gilman City Missouri</i>	
DATE REC'D BY LOCAL REG. <i>12/31/50</i>		REGISTRAR'S SIGNATURE <i>Frances B. Neill</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Haines</i>		ADDRESS <i>Gilman City Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)



MAR 1
1955

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 _____

W. D. Haines

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed.....

W. D. Haines

Licensed Embalmer No. _____

1842

P. O. Address _____

Gilman Bldg 100

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.