

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7572**

FILED MAR 26 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **318**

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

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	
c. LENGTH OF STAY (in this place) 3 mo. 28 day		d. STREET ADDRESS (If rural, give location) 1011 Felix St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) Hans Carl	c. (Last) Gausche	4. DATE OF DEATH (Month) (Day) (Year)	March 17 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 4, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steam fitter & plumber	10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (State or foreign country) Bremmer, Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lula Wrehe Gausche
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) not given	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Gausche, 1011 Felix St. St. Joseph, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 5705
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (hypostatic pneumonia) DUE TO (c) mechanical Sm. Bowel Obst.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spontaneous perforation and eplasty - Cecostomy		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cecostomy	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-19, 1950**, to **3-17, 1951**, that I last saw the deceased alive on **3-17, 1951**, and that death occurred at **7:34 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. W. Keiber, M.D. (Degree or title)	23b. ADDRESS R 5 Bldg - St. Joseph, Mo.	23c. DATE SIGNED 3-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/20/51	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Mar 22, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman	ADDRESS Bowman Funeral Home St. Joseph, Mo.
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AUG 9 1951

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.

Signed William Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 314 S. 17th, St Joseph, 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.