

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11733

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

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crane</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crane</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>			b. (Middle) <u>O'Neil</u>		c. (Last) <u>Gassett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 - 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5 - 1890</u>		9. AGE (In years last birthday) <u>61</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	if UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto type operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lambert Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Shannon Gassett</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Gassett Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Gassett</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-2831</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Gassett Crane mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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>Crane; Mo.</u>			
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 <u>Death on arrival</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19 <u>52</u> and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. D. D. Tompkins M.D.</u> (Degree or title)				23b. ADDRESS <u>Crane; Mo.</u>		23c. DATE SIGNED <u>3-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Verona</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 11-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Bussan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry H. Monroe</u>		ADDRESS <u>Crane mo.</u>	

per Lena Murray, licensed Embalmer's Statement of Reverse Side)

APR 7 1952

**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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*George H. Manlove*

Licensed Embalmer No. 3827

P. O. Address Cranston, 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.