

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15625**

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital no 2</u>		e. CITY OR TOWN <u>0170</u>	

3. NAME OF DECEASED (Type or Print) <u>Samuel</u>	a. (First)	b. (Middle)	c. (Last) <u>Gaston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 52</u>
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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>not given</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>72</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Gaston</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Mad Sam Gaston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Gaston</u>	ADDRESS <u>Warrensburg Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Dementia Parcox</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input 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 Jan 1, 1952, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M.D.</u>	23b. ADDRESS <u>St Joseph Mo. of State Hospital no 2</u>	23c. DATE SIGNED <u>5/30 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leopard & Edwards F. Home</u>	24d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Newsham</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Raymond H. Morehead
.....
Licensed Embalmer No. 4413

P. O. Address

St. Joseph's

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.