

EXED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19457**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 695

0117

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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) most of life		d. STREET ADDRESS (If rural, give location) 2824 Seneca St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2824 Seneca St.		d. STREET ADDRESS (If rural, give location) 2824 Seneca St.	

3. NAME OF DECEASED (Type or Print) Louise	a. (First) Louise	b. (Middle) E.	c. (Last) Gasaway	4. DATE OF DEATH June 25, 1952
---	--------------------------	-----------------------	--------------------------	---------------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH December 16, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
----------------------	-------------------------------	---	---	---	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME unknown Speckin	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Albert Gasaway
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Sexton	ADDRESS 2824 Seneca, St. Joseph, Mo
---	-------------------------------	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		Unknown
	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 Arteriosclerotic Heart Disease with Chronic Passive Congestion		Unknown	

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) (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 6-23, 1952, to 6-25, 1952, that I last saw the deceased alive on 6-24, 1952, and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Jessie M. P. [Signature]</i> (Degree or title) M.D.	23b. ADDRESS Kirkpatrick Building St. Joseph, Missouri	23c. DATE SIGNED 7-1-52
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
---	----------------------------	---	---

DATE REC'D BY LOCAL July 3, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Casif</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heaton Bowman</i>	ADDRESS Funeral Home St. Joseph, Mo
---	--	---	--

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.

Student
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. York

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.