

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35860**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5900** Registrar's No. **115**

0780

1. PLACE OF DEATH a. COUNTY Deming		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE Missouri b. COUNTY Deming	
b. CITY (If outside corporate limits, write RURAL and give township) Gabler	c. LENGTH OF STAY (in this place) 28 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Gabler	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) West c. (Last) West			4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 52		
5. SEX F	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-5-1880	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months 4 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Miss 1		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew White	13b. MOTHER'S MAIDEN NAME Wenkman	14. NAME OF HUSBAND OR WIFE Jack West
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jack West Gabler MD ADDRESS Gabler MD	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 or 8 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension probably arteriosclerosis of type - DUE TO (c) type -		
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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-9-**, 19**52**, to **10-8-**, 19**52**, that I last saw the deceased alive on **10-8-**, 19**52**, and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE D. Shirley (Degree or title) MD	23b. ADDRESS Shirley Clinic Hoyle mo	23c. DATE SIGNED 10-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-10-52	24c. NAME OF CEMETERY OR CREMATORY Gabler Mo Cem	24d. LOCATION (City, town, or county) (State) Gabler Mo
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DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE John St. German 406-0	25. FUNERAL DIRECTOR'S SIGNATURE German and Co Steub Mo ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

10-307-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 20 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.