

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38239

State File No.

S. No. 300-
V. 10.48

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5442 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Twp Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richland Twp</u> <u>0370</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. W. of Pershing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1 1/2 mi. W. of Pershing</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodor</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Gnadt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1952</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>May 27, 1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 12 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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Framing</u>	11. BIRTHPLACE (State or foreign country) <u>Fredericksburg, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Julius Gnadt</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Steinke</u>	14. NAME OF HUSBAND OR WIFE <u>Katy Gnadt</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>Yes W. W. #1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katy Gnadt, Morrison, Mo RFD</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10-12 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Hypotension</u>		
11. 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 <u>4670</u>	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)	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 10-1-1951 to 12-4-1952, that I last saw the deceased alive on 11-1-1952, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth, D.O.</u>	23b. ADDRESS <u>Chambers, Mo.</u>	23c. DATE SIGNED <u>12-4-52.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter E & R. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Morrison, RFD, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/11/52</u>	REGISTRAR'S SIGNATURE <u>Norothy Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert Hermann, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1370
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APR 7 1953

DEC 22 1953

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 _____

Lugo H. Dumes

Signed _____
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.