

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15171**

S. No. 300  
v. 10.48

**FILED APR 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **38**

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <b>Perry</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Perryville, Mo.</b>		c. CITY OR TOWN <b>Perryville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>Life</b>			e. STREET ADDRESS (If rural, give location) <b>503 N. Main st. 0791</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>503 N. Main St.</b>					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Emmett</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Gagnepain</b>	<b>April 6, 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 12, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>74</b>	<b>IF UNDER 1 YEAR</b> Months <b>0</b> Days <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Perry County, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Francis J. Gagnepain</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Grow</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary A. Gagnepain</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Wallace Gagnepain Perryville, Mo.</b>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>				<b>Sudden</b>
	<b>ANTECEDENT CAUSES</b>	<b>DUE TO (b)</b> <b>Coronary Heart Disease</b>			<b>5 yrs</b>
		<b>DUE TO (c)</b> <b>Hypertension</b>			<b>5 yrs</b>
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>Mar 48</b> to <b>Apr 6, 1953</b> , that I last saw the deceased alive on <b>Apr 6, 1953</b> , and that death occurred at <b>12:30 P. m.</b> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <b>W. W. Carrow M.D.</b>			<b>23b. ADDRESS</b> <b>Perryville Mo.</b>		<b>23c. DATE SIGNED</b> <b>4-8-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>April 8, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Perryville, Missouri</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>Apr 8 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Joe J. Zeller</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Young &amp; Sons Perryville Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1954

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.....  
Signature of Student Embalmer

Signed.. *Wallace Young* .....

Licensed Embalmer No. *4027* .....

P. O. Address *Perognault* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.