

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18655**

FILED JUN 12 1953

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4306** Registrar's No. **45**

0600

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) ELIZABETH c. (Last) GASCHE			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-24-1871	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jenkins Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alce Dockett		13b. MOTHER'S MAIDEN NAME Kathryn Benson	
14. NAME OF HUSBAND OR WIFE		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 Mrs Addie Jordan Goodman		18. ADDRESS		19. MEDICAL CERTIFICATION	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reduction of respiratory musculature		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
		DUE TO (c) Senility			
		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		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 **May 7, 1953**, to **May 22, 1953**, that I last saw the deceased alive on **May 22, 1953**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold C. Ward, D.O.		23b. ADDRESS Goodman, Mo.		23c. DATE SIGNED May 28, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-53		24c. NAME OF CEMETERY OR CREMATORY Parson	
		24d. LOCATION (City, town, or county) (State) Parson, Kansas			

DATE REC'D BY LOCAL REG. 5-23-53		REGISTRAR'S SIGNATURE Maxwell Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Cleaver - Deermate	
				ADDRESS Granby 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 F. E. Sheumake, Jr

Licensed Embalmer No. 4923

P. O. Address Granby 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.