

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24383

State File No. ....

FILED AUG 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North of Stanberry (Wilson)</b>	
c. LENGTH OF STAY (In this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) " " " <b>0380</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Harmony Hill Rest Haven</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mr. John Franklin</b> b. (Middle) c. (Last) <b>Gage</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 4 1869</b>	9. AGE (In years last birthday) <b>83</b>	# UNDER 1 YEAR Months	# UNDER 2 HRS. Days	# UNDER 24 HRS. Hours	# UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work if done during most of working life, even if retired) <b>Farmer retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Gentry Co Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>Abraham Gage</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Medsker</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Julia A Gage</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Julia A Gage</b>	ADDRESS <b>Stanberry, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS: <b>4</b> 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 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) <b>1201 Gentry MO</b>
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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 **July 1, 1953**, to **July 25, 1953**, that I last saw the deceased alive on **July 25, 1953**, and that death occurred at **7 p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. N. Williamson</b>	(Degree or title) <b>2 DO</b>	23b. ADDRESS <b>Gentry MO</b>	23c. DATE SIGNED <b>July 27 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/27/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jennings</b>	24d. LOCATION (City, town, or county) (State) <b>North of Stanberry 7 miles Wilson Twp MO</b>
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DATE REC'D BY LOCAL REG. <b>July 27 53</b>	REGISTRAR'S SIGNATURE <b>Maudie Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leroy A. Phillips</b>	ADDRESS <b>Stanberry</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
10. 48  
380  
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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

*Leroy A. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stouffville, N.C.*

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.