

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 18 1953 STANDARD CERTIFICATE OF DEATH

State File No. 30871

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 4540 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Missouri</u>	
b. CITY OR TOWN <u>Greenville, Mo</u>		c. CITY OR TOWN <u>Greenville</u>	
c. LENGTH OF STAY (In this place) <u>8 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ABNER</u> b. (Middle) <u>G</u> c. (Last) <u>SASAWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1953</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 26, 1869</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>8</u>
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Stuntman and actor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Actor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>THOMAS GASAWAY</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE GASAWAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Vern Gasaway</u> ADDRESS <u>Chicago Ill</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 14, 1953, to Aug 24, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. A. Meyer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Coldwater, Mo.</u>		23c. DATE SIGNED <u>8/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Chicago Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley E. ...</u> ADDRESS <u>...</u>			
DATE REC'D BY LOCAL REG. <u>Aug 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Lloyd A. Bridger</u>			

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

RECEIVED

AUG 14 1953

WAYNE CO. HEALTH CENTER

FILE No. 853-39

AUG 14 1953

SEP 3

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 _____

M

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Merrin E. Bowles*

Licensed Embalmer No. 4426

P. O. Address *Bedford*

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.