

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31263**

FILED SEP 29 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 225 Registrar's No. 38

0210

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

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRIPLETT RURAL	c. LENGTH OF STAY (In this place) 20 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRIPLETT "RURAL"	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 3 MI. S.W. OF TRIPLETT MO	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EARNIE c. (Last) GASH	4. DATE OF DEATH (Month) (Day) (Year) 9-17-1953
--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-27-1880	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMWORK	11. BIRTHPLACE (City and State or Foreign Country) LINA MO MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME W.M. GASH	13b. MOTHER'S MAIDEN NAME STACEY MC COLLAM	14. NAME OF HUSBAND OR WIFE LOUIE HAN GASH
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war & dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. W.E. GASH	17. ADDRESS TRIPLETT MO
---	-------------------------------------	---	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Nervousness 7 years 1946 DUE TO (c) 331X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Confid started 7 years			
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 March, 1946, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.L. Freyer D.D.	23b. ADDRESS Brunswick MO	23c. DATE SIGNED
--	----------------------------------	------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE 9-19-1953	24c. NAME OF CEMETERY OR CREMATORY PLEASANT VIEW BROOKFIELD	24d. LOCATION (City, town, or county) (State) MO.
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. 9-19-53	REGISTRAR'S SIGNATURE Mildred Bone 56	25. FUNERAL DIRECTOR'S SIGNATURE L. M. ...	25. ADDRESS Brunswick
---	--	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

no

SEP 20 1961

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 L. M. Maris

Licensed Embalmer No. 823

P. O. Address Grassfield M

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.