

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43753**

FILED DEC 28 1953

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 251 **PRIMARY REG. DIST. NO.** 4372 **Registrar's No.** 28

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Nodaway</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <b>Burlington Junction</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Burlington Junction</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Residence East Main St</b>		d. STREET ADDRESS (If rural, give location) <b>0740</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Forrest</b> b. (Middle) <b>Leslye</b> c. (Last) <b>Gage</b>			<b>4. DATE OF DEATH</b> (Month) <b>Dec-18</b> (Day) <b>1953</b> (Year)
<b>5. SEX</b> <b>Male</b> <input checked="" type="radio"/>	<b>6. COLOR OR RACE</b> <b>Wh</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan-5-1892</b>
<b>9. AGE</b> (In years last birthday) <b>61</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Gen farm work</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
<b>13a. FATHER'S NAME</b> <b>Luke Gage</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Susie Smith</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Myrtle Gage</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>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Address</b> <b>Mrs Myrtle Gage Burlington Junction</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>DUE TO (b) _____</b> <b>DUE TO (c) arteriosclerosis</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>18. CAUSE OF DEATH</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10-1-53</b>  <b>6 yrs.</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>no operations</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
<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) (COUNTY) (STATE)</b>	
<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 <u>not attended</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Not seen</u> and that death occurred at <u>9A</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Leslie M. Coroner M.D.</b>		<b>23b. ADDRESS</b> <b>Maryville Mo.</b>	<b>23c. DATE SIGNED</b> <b>12-21-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Dec-22-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Center Grove</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Westboro, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>12-26-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Bess Holt</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Address</b> <b>Westboro, Mo</b>	

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

**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 \_\_\_\_\_

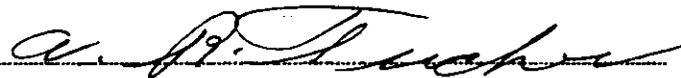
**Ashley R Tucker II**

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

**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.