

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8414

State File No. ....

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Mo.		c. CITY OR TOWN Fayette	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 hrs		e. STREET ADDRESS (If rural, give location) South Moniteau, Howard County	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED a. (First) EMMA		b. (Middle) ELIZABETH		c. (Last) CASE		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24, 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 22	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Glasgow Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Gosley		13b. MOTHER'S MAIDEN NAME Mary Ellen Billedau		14. NAME OF HUSBAND OR WIFE James H. Case	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Richard Burch R.R.4 Fayette, 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, ashenia, 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) <u>Gastric-intestinal hemorrhage</u>		<u>30 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured esophageal Varices</u> DUE TO (c) <u>Cirrhosis of liver</u>		<u>30 hours</u> <u>unknown</u>
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 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) m-	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 Jan 17, 1954 to March 15, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 4:00 am, from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Deen</u>	(Degree or title) D. M. D.	23b. ADDRESS <u>Fayette Missouri</u>	23c. DATE SIGNED <u>3-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/17/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Missouri</u>

DATE REC'D BY LOCAL REG. <u>3-16-54</u>	REGISTRAR'S SIGNATURE <u>Mary R. Shello</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>	ADDRESS <u>Fayette, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0-46

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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.....  
Signature of Student Embalmer

Signed.....  
*Ralph A. Carr*

Licensed Embalmer No. *332*

P. O. Address *Fayette,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.