No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11887

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 422D Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
c. LENGTH OF STAY (In this place): All of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. Wheatland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
d. STREET ADDRESS (If rural, give location): N. E. Wheatland

0420

3. NAME OF DECEASED (Type or Print)
a. (First): Minerva
b. (Middle): Susan
c. (Last): Gist

4. DATE OF DEATH (Month) (Day) (Year): April 14 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 24 1873
9. AGE (In years last birthday): 80 — If under 1 year: Months 11, Days 20 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Operator
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Hargrove
13b. MOTHER'S MAIDEN NAME: Elizabeth McAntire
14. NAME OF HUSBAND OR WIFE: Charles V. Gist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ora Gist — **ADDRESS**: Wheatland, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — Interval between onset and death: Immediately

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — years
DUE TO (c) Senility

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
4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15 *, 1948, to* April 14 *, 1954, that I last saw the deceased alive on* April 4 *, 1954, and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. E. Briggs — (Degree or title): D.O.
23b. ADDRESS: Wheatland, Mo.
23c. DATE SIGNED: 4-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 16-1954
24c. NAME OF CEMETERY OR CREMATORY: Gardner Cemetery
24d. LOCATION (City, town, or county) (State): Wheatland, Mo.

DATE REC'D BY LOCAL REG.: 4/15/1954
REGISTRAR'S SIGNATURE: May Johnson 464
25. FUNERAL DIRECTOR'S SIGNATURE: Gilbert Bethauer — **ADDRESS**: Wheatland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Oscar Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.