

FILED MAY 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5689 State File No. 12613

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. LENGTH OF STAY in this place <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH OLIVE RT #2</u>				d. STREET ADDRESS (If rural, give location) <u>SOUTH OLIVE RT #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FERDINAND</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>GAUTHIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10 JAN 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. KIND OF BUSINESS OR INDUSTRY <u>COAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BELGIUM</u>		12. CITIZEN OF WHAT COUNTRY? <u>BELGIUM</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>COAL</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>BELGIUM</u>	
13a. FATHER'S NAME <u>BENJAMIN GAUTHIER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>ROSA BELLE GAUTHIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>495-07-5723</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROSA BELLE GAUTHIER MARCELINE</u>			
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) <u>CARCINOMA OF THE LOWER LIP</u> ANTECEDENT CAUSES <u>WIDESPREAD METASTASES</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>GENERALIZED ARTERIOSCLEROSIS</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>ONE YEAR</u> <u>SEVERAL YEARS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>140X</u>					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 <u>NOV</u> , 19 <u>53</u> , to <u>APRIL</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>APRIL 1</u> , 19 <u>54</u> and that death occurred at <u>9:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul T. Berry M.D.</u>				23b. ADDRESS <u>Marceline MO.</u>		23c. DATE SIGNED <u>4-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Killiard</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>4-26-54</u>		REGISTRAR'S SIGNATURE <u>Mary Lou Padon</u>		401-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James McLaughlin Marceline MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0589

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 _____

George J. Wrammell

Licensed Embalmer No. 4425

P. O. Address Marceline Mo

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.