

FILED MAR 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5362**

BIRTH NO. **124** REG. DIST. NO. **163** PRIMARY REG. DIST. NO. **3031** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY JEFF.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO Mo.	c. LENGTH OF STAY (in this place) 8 Mo.	c. CITY OR TOWN DE SOTO	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 E. KELLY		e. STREET ADDRESS (If rural, give location) 303 E. KELLY 0502 0	

3. NAME OF DECEASED (Type or Print) a. (First) LOUEASE b. (Middle) ELIZABETH c. (Last) GABRIEL			4. DATE OF DEATH (Month) (Day) (Year) FEB. 24 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 2 1909	9. AGE (In years last birthday) 46	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) MASON CITY ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DAVID CLEMENS	13b. MOTHER'S MAIDEN NAME EVA QUICK	14. NAME OF HUSBAND OR WIFE EUGENE GABRIEL SR.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EUGENE GABRIEL JR. DE SOTO 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus - Metastases		INTERVAL BETWEEN ONSET AND DEATH Oct 1953 Feb-24-1955
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 174X	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)	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 **10-15**, 19**53**, to **Feb 24**, 19**55**, that I last saw the deceased alive on **2-23**, 19**55**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. E. Pierre D.O.	23b. ADDRESS De Soto Mo.	23c. DATE SIGNED 2-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 26 1955	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK
DATE REC'D BY LOCAL REG. 2-28-55	REGISTRAR'S SIGNATURE Marie Harris	24d. LOCATION (City, town, or county) (State) DE SOTO Mo.
	25. FUNERAL DIRECTOR'S SIGNATURE Donald B. DeSoto	ADDRESS De Soto Mo.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 5 1955

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 *Donnell B. Dietrich*.....

Licensed Embalmer No. *4104*.....

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