

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 9 - 1955

State File No. 21006

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 96

|   |  |   |                               |
|---|--|---|-------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> (T.O.S.) |                               |
| b. CITY OR TOWN <u>Monett</u> 0                                   |  | c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>   | c. CITY OR TOWN <u>Monett</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Vincent Hosp.</u> |  | e. STREET ADDRESS (If rural, give location) <u>310 Euclid Ave.</u>  |                               |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>GAETZ</u> |                               |   | 4. DATE OF DEATH <u>July 28, 1955</u>                            |   |  |
| 5. SEX <u>Male</u> <input checked="" type="checkbox"/>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 2, 1886</u>                             | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR: <u>6</u> Days <u>26</u> Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                   |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Peter Gaetz</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Minnie Michael</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Ida Stebler Gatez</u>                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>487-01-555 1A</u>    |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Gaetz Monett, Missouri</u> |  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>                                      |  | DUPLICATE OF (a) _____  |  |  |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  | DUPLICATE TO (b) _____  |  |  |   |
| DUPLICATE TO (c) _____  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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) <u>4201</u>                      |  |
| 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 7-28-55, 1955, to 7-28-55, 1955, that I last saw the deceased alive on 7-28-55, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.

|   |  |                               |  |                                 |  |
|---|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> |  | 23b. ADDRESS <u>Monett Mo</u> |  | 23c. DATE SIGNED <u>7-30-55</u> |  |
|---|--|-------------------------------|--|---------------------------------|--|

|   |  |                          |  |  |  |   |  |
|---|--|--------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>7/31/55</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u> |  |
|---|--|--------------------------|--|--|--|---|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8-3-55</u> |  | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>573-0</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Monett Mo</u> |  |
|--|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

AUG 10 1955

NO. 855-305

DATE REC. 8-8-55

REC'D  
AUG 10 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 J. A. Buchanan  
Licensed Embalmer No. 311

P. O. Address Monett

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.