

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26668**

No. 300
10-480
FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRUMANN	
c. LENGTH OF STAY (in this place) 2 WEEKS		d. STREET ADDRESS (If rural, give location) 8230	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GARNER c. (Last) GASAWAY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 2, 1955		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 18, 1883		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAN SAW OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (State or foreign country) GREENFIELD, ARK.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN GASAWAY		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MRS. DORA GASAWAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNK		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DORA GASAWAY, TRUMANN, ARKANSAS	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 12hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured ribs and DUE TO (c) Collapsed lungs		
	11. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SURFIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 049 Jasper Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-20-55 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile collision

22. I hereby certify that I attended the deceased from 8/20/1955, to 9/2/55, 1955, that I last saw the deceased alive on 9/2/55, 1955, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.A. Wilson	23b. ADDRESS 1923 Sergeant, Joplin, Mo.	23c. DATE SIGNED 9/3/55
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 9-3-55	24c. NAME OF CEMETERY OR CREMATORY TRUMANN CEMETERY	24d. LOCATION (City, town, or county) (State) TRUMANN, ARKANSAS
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DATE REC'D BY LOCAL REG. 9-3-55	REGISTRAR'S SIGNATURE By Robert S. James 1382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 055-9-629
Date Filed SEP 12 1955

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF HEALTH
STATE OF MISSOURI
DEPT. OF HEALTH
JUNE 18, 1955
GREENFIELD, MISSOURI
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GREENFIELD, MISSOURI

SEP 6 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Johnson 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.

REMOVED