

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1955

State File No. **29015**
Registrar's No. **1016**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 1704 Pacific St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) J. c. (Last) Gaut		4. DATE OF DEATH (Month) (Day) (Year) September 20, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 22, 1897
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor		10b. KIND OF BUSINESS OR INDUSTRY machine shop	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Bart Gaut		13b. MOTHER'S MAIDEN NAME Mollie unknown Stone	14. NAME OF HUSBAND OR WIFE Elizabeth
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. 491-10-0205	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Gaut, 1704 Pacific, St. Joseph
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus DUE TO (b) Arterioscleriosis of Aorta DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days 40 yrs.	
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 9-17- , 19 55 , to 9-20- , 19 55 , that I last saw the deceased alive on 9-20- , 1955, and that death occurred at 11:40p.m. , from the causes and on the date stated above.			
23a. SIGNATURE K. C. Senne (Degree or title) MD		23b. ADDRESS 207 Phy. and Surg. Bldg. St. Joseph, Missouri	23c. DATE SIGNED 9-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/22/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sept 22, 1955	REGISTRAR'S SIGNATURE Loethen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman St. Joseph, Mo.

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

copy by [unclear]

NOV 28 1955

W. Brown

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. 521 working under my personal supervision..

Student *Robert E. Hendricks*
Signature of Student Embalmer

Signed *James H. Hawkins*
Licensed Embalmer No. 453

P. O. Address 319 So 10th

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.