

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36319**

FILED DEC 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **343**

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY, MO.</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>	c. CITY OR TOWN <b>Jefferson City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>R. R. #3</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle)	c. (Last) <b>Gnagi</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27, 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1889</b>
9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR (Months) (Days) <b>11 1</b>	IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE. (City and State or Foreign Country) <b>Taos, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Richard Gnagi</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Rackers</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Irma Schneiders J. C. Mo.</b> ADDRESS
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) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9020 21</b>	
19a. DATE OF OPERATION <b>11-15-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intertrochanteric fracture left femur</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT OR SUICIDE? <b>HOMEIDE</b> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cole County Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-12-55 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell off chair at home</b>
22. I hereby certify that I attended the deceased from <b>Nov 12, 1955</b> , to <b>Nov 27, 1955</b> , that I last saw the deceased alive on <b>Nov 27, 1955</b> and that death occurred at <b>1:45 A.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. P. Davis M.D.</b>		23b. ADDRESS <b>Jefferson City Mo</b>	23c. DATE SIGNED <b>11-29-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/30/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Xavier</b>	24d. LOCATION (City, town, or county) (State) <b>Taos, Mo.</b>
DATE REC'D BY LOCAL REG. <b>30 Nov. 1955</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. - M.K.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dulle</b> ADDRESS <b>J. C. Mo.</b>	

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

JAN 5 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Sylvester Dulla*

Licensed Embalmer No. *4432*

P. O. Address..... *Jefferson*

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.