No. 300
10.48

FILED JUL 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19877

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5223 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Everett Twp.
c. LENGTH OF STAY (in this place) 10 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 Miles NW of Archie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Archie
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Everett Township 019

3. NAME OF DECEASED (Type or Print)
a. (First) Nettie
b. (Middle) Marie
c. (Last) Gale

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 12, 1895
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 4 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Hospital Aid
11. BIRTHPLACE (City and State or Foreign Country) Sedalia Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alonzo Hulon
13b. MOTHER'S MAIDEN NAME Anna Lee Laxson
14. NAME OF HUSBAND OR WIFE Arthur Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493 12 8381
17. INFORMANT'S SIGNATURE OR NAME Mrs. O. M. Howard ADDRESS Archie, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CEREBRAL EMBOLISM	5 DAYS
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	INTRAMURAL CARDIAC THROMBOSIS	5 MOS
DUE TO (c)	MYOCARDIAL INFARCT	5 MOS
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 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2 1956, *to* June 25, 1956, *that I last saw the deceased alive on* June 25 1956 *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. C. Moody M.D. (Degree or title)
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED 7-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 5, 1956
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. July 2, 1956
REGISTRAR'S SIGNATURE Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Bros. ADDRESS Archie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 9 1956
COUNTY
HEALTH DEPARTMENT

AUG 10 1956

JUL 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 490

P. O. Address Hammond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.