Health, Welfare, Public Service

300 1-56

1100

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36826

STATE FILE NUMBER

FILED NOV 9 - 1956

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Bretton Twp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rural 1100 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Near Potosi — Length of stay in 1b 4 years	d. STREET ADDRESS (If outside, give location) Near Potosi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Martha Middle Emeline Last Gauero

4. DATE OF DEATH: Month Nov. Day 1 Year 1956

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Aug. 26 1886

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Washington Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Moses

14. MOTHER'S MAIDEN NAME: Unknown

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.: 496-14-9792

17. INFORMANT: Albert Nash Address: Cadet Mo. Rt. 1.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Haemorrage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of breast.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: about 7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 170.X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year 11 2 56

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Aug 1953, to Nov 1 and last saw her/him alive on 11-1-56

Death occurred at 4-20 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] 1

22b. ADDRESS: Potosi Mo

22c. DATE SIGNED: 11-5-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-4-56

23c. NAME OF CEMETERY OR CREMATORY: Blackwell Masonic Cem.

23d. LOCATION (City, town, or county) (State): Washington Co. Mo.

24. FUNERAL DIRECTOR: Mrs. Luther Sparks — ADDRESS: Potosi Mo.

25. DATE RECD. BY LOCAL REG.: 11/7/56

26. REGISTRAR'S SIGNATURE: Hilrut Kendall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

NOV 7 1956

WASH. COUNTY HEALTH DEPT.

File No. _____

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L. Sparks

Licensed Embalmer No. 423

P. O. Address Flat Ri

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