

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12435

State File No.

FILED APR 26 1957

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CARTER Twp</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>47 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. Ellington, Mo 0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellington Rt. 2.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>Ernest</u> c. (Last) <u>GASKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 6 1904</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ellington MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HAMER GASKIN</u>		13b. MOTHER'S MAIDEN NAME <u>ZONA CHITWOOD</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLET GASKIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Violet Gaskin Rt 2, Ellington, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/21</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carter Twp. Carter 018 Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 19, 1957 1:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Farm tractor overturned</u>

22. I hereby certify that I attended the deceased from Dead on arrival, 1957, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Coleman McSpoden Crown</u>		23b. ADDRESS <u>New Haven Mo.</u>		23c. DATE SIGNED <u>4/20/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yount Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Reynolds Co. Mo.</u>	

DATE REC'D BY LOCAL REG <u>April 22-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coleman McSpoden New Haven, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 25 1957

CARTER COUNTY
HEALTH CENTER

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.....
Allen C. McJannet

Licensed Embalmer No. 454

P. O. Address. Van Buren

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.