

Health, Welfare, Public Service, 300, 1-56, Director, coroner, etc. must use only standard nomenclature in report for no symptoms will be traced. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004331
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 4 Primary Registration District No. 4012 Registrar's No. 20

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Atchison</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock Port, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Atchison</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		Length of stay in 1b		c. CITY OR TOWN <u>Rock Port, Mo., 0030</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>James</u>		Middle <u>Frank</u>		Last <u>Gaffney</u>		Month <u>3</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-23-1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Holt, Co. Mo.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>James Gaffney</u>				14. MOTHER'S MAIDEN NAME <u>Deamy Sharp</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>198-42-4729</u>		17. INFORMANT <u>Margaret Gaffney</u> Address <u>Rock Port.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Ruptured Dissecting Aortic Aneurysm</u>							<u>2 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Gen'l Arteriosclerosis</u>							<u>10 YRS.</u>
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>451X</u>				
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Nov. 1956</u> to <u>MARCH 2, 1958</u> and last saw <u>her</u> alive on <u>3-2-58</u>							
Death occurred at <u>9:30 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James A. Allan, M. D.</u> (Degree or title)				22b. ADDRESS <u>Rock Port, Mo.</u>		22c. DATE SIGNED <u>3-2-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>3-2-1958</u>		<u>Tharp's Cemetery</u>		<u>Fairfax, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rockport.</u> ADDRESS <u></u>				25. DATE RECD. BY LOCAL REG. <u>March 4, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Thermin N. Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8961 O.T. ADM.

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..... *Gratz B. Bosterman*

Licensed Embalmer No. 3173

P. O. Address... Rock Port

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.