DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035561

STATE FILE NUMBER

FILED VS NOV 2 1959

AMENDED

Registration District Name 75 Primary Registration District No. 3013 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in Hospital: 2wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cameron Comm. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Livingston
c. CITY OR TOWN: Mooresville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DELBERT Middle VEIGH Last GASTON

4. DATE OF DEATH: Month Oct. Day 22, Year 1959

5. SEX: male
6. COLOR OR RACE: Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-2-1916
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station
10b. KIND OF BUSINESS OR INDUSTRY: Oil
11. BIRTHPLACE (City and state or country): Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Gaston
13b. MOTHER'S MAIDEN NAME: Verna Hargrove
14. NAME OF HUSBAND OR WIFE: Velma Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Velma Gaston, Address: Cameron, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial failure	immediately
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	rupture ulcer, duodenal	12 hours
DUE TO (c)	Chronic vascular heart disease C decompensation	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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

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 Sept 10, 1959, to Oct 22, 1959 and last saw him alive on Oct 22-1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D Kines (Degree or title) MD
22b. ADDRESS: Cameron, Missouri
22c. DATE SIGNED: 10-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-25-1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill
23d. LOCATION (City, town, or county) (State): Breckenridge, Mo.

24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home, Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 31-59
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS NOV 18 1959

APR 19 1960

APR 15 1960

NOV 10 1959

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo

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