

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000044

FILED VS JAN 26 1960

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 130 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio	Length of stay in 1b 70 yrs	c. CITY OR TOWN Tarkio	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First IDA	Middle MARY	Last GISH	4. DATE OF DEATH Month Jan. Day 17 Year 1960
-------------------------------------	---------------------	-----------------------	---------------------	---

5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HR Hours 1 Min.
-------------------------	----------------------------------	---	--	-------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Penn.	12. CITIZEN OF WHAT COUNTRY U.S.
---	--	--	--

13a. FATHER'S NAME Curits McNeal	13b. MOTHER'S MAIDEN NAME Fannie Byers	14. NAME OF HUSBAND OR WIFE John Gish
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Babe Gish Address Tarkio, Mo.
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured Hip smos ago, became bed fast	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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.)
---	---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 **September 1954** to **January 16, 1960** and last saw her alive on **January 15, 1960**
Death occurred at **6:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward S. Bure MD	22b. ADDRESS Tarkio, Mo.	22c. DATE SIGNED 1/19/60
--	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/20/60	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery	23d. LOCATION (City, town, or county) (State) Tarkio Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Davis Funeral Home Tarkio, Mo. ADDRESS _____	25. DATE RECD. BY LOCAL REG. 1-24-1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	--	---

DOCUMENT

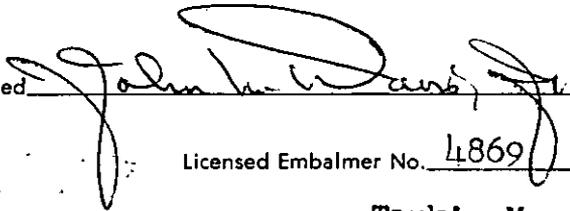
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4869

P. O. Address Tarkio, Mo.

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.