

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-006279

FILED VS. MAR 3 1960

149

Primary Registration District No. 6002 Registrar's No.

842

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 44 DAYS		c. CITY OR TOWN PLEASANT HILL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 119 South Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLES Middle W Last GASTON				4. DATE OF DEATH Month FEBRUARY Day 11 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-16-92	9. AGE (last birthday) 67	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) Janitor			10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (City and state or country) St Clair, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Frank W. Gaston			13b. MOTHER'S MAIDEN NAME Martha MC CASLIN			14. NAME OF HUSBAND OR WIFE Helen Gaston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7-17-18 to 3-6-19			16. SOCIAL SECURITY NO. 195-10-3602		17. INFORMANT Address Mrs Helen Gaston, Pleasant Hill, Mo. Official Records, VA Hospital, K.C., 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) Organizing pneumonia							INTERVAL BETWEEN ONSET AND DEATH		
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) Cerebral cortical atrophy, due to arteriosclerosis Rheumatoid					PART III. If deceased was female was there a pregnancy in last 90 days. arthritis <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <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. <input checked="" type="checkbox"/> attended the deceased from 12-29-59 to 2-11-60				Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree, or title) ALBERT L. CHASSON, M.D.				22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.			22c. DATE SIGNED 2-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-11-60	23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) Pleasant Hill MO			(State)	
24. FUNERAL DIRECTOR Brown Field-Stanley, Pleasant Hill, Mo				25. DATE RECD. BY LOCAL REG. 2-12-60		26. REGISTRAR'S SIGNATURE Reva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961
MAR 8 1961

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. 594
working under my personal supervision.

Student Donald R. Wiggins
Signature of Student Embalmer

Signed John R. Sidman
Licensed Embalmer No. 453
P. O. Address Kansas

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.