

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-031094

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Registration District No. 160 Primary Registration District No. 559 Registrar's No. 110

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JEFFERSON	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP	a. STATE MISSOURI	b. COUNTY JEFFERSON
Length of stay in 1b 2 HRS.		c. CITY OR TOWN CRYSTAL CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		d. STREET ADDRESS (if outside, give location) 104 MISS. AVE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First ERWIN	Middle JOHN	Last GASSMAN	Month Aug.	Day 29 Year 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-94	9. AGE (last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY TRK DRIVER	11. BIRTHPLACE (City and state or country) GREENVILLE, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN GASSMAN	13b. MOTHER'S MAIDEN NAME MARY MEYER	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W I	16. SOCIAL SECURITY NO. 496-32-1503	17. INFORMANT Address Mrs. MARBLE JOHNSON, CRYSTAL CITY, MO.

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) Cerebral hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
DUE TO (c) —		
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. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Oct 2, 1958 to Dec 29, 1959 and last saw her alive on Dec 29, 1959
 Death occurred at 11:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Zestlan Bolgar, MD (Degree or title)	22b. ADDRESS Feaston, Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-1-60	23c. NAME OF CEMETERY OR CREMATORY ROSE LAWN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
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24. FUNERAL DIRECTOR James R. Cady ADDRESS Crystal City, MO.	25. DATE RECD. BY LOCAL REG. Aug 31, 1960	26. REGISTRAR'S SIGNATURE John W. Stoll Deputy
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1960

STATEMENT BY LICENSED EMBALMER

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. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: James Richard Cady
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CI

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.