

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031161

FILED VS SEP 13 1960 170

Registration District 170 Primary Registration District No. — Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon T.S.		Length of stay in lb 30 yrs.		c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Rt. #2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Rt. #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Oliver Last Gage				4. DATE OF DEATH Month Sept. Day 1 Year 1960					
5. SEX male	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 2-22-81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months — Days — Hours — Min. —	IF UNDER 24 HR Hours — Min. —		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Gage			13b. MOTHER'S MAIDEN NAME Lucy Dismang			14. NAME OF HUSBAND OR WIFE deceased			
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 Address Mrs. Floyd Marks, Rt. 2, Lebanon, 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) Undetermined Apparent Heart Ailment							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) Family stated he was up between 4 and 5. Found in bed. (Had no physician for some time)						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.) (Referred by Stanley Palma to Coroner)					
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 — to — and last saw her/him alive on — . Death occurred at Not Known on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Hella L. Hays, Local Registrar				22b. ADDRESS Lebanon, Missouri			22c. DATE SIGNED 9-4-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-4-60	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) Lebanon, Missouri				
24. FUNERAL DIRECTOR J. H. Hays			ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 9-4-1960		26. REGISTRAR'S SIGNATURE Hella L. Hays		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 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 C. Hunter

Licensed Embalmer No. 4739

P. O. Address S. D. Me

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.