

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031516

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4473 Registrar's No. 45

AMENDED

FILED SEP 13 1961

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

3. NAME OF DECEASED (Type or print) First <u>ALBERTA</u> Middle <u>MAE</u> Last <u>GAUT</u>			4. DATE OF DEATH <u>SEPT. 3, 1961</u> Month Day Year			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/3/1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Blackburn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>WALTER JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred GAUT SR.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>MR. ALFRED GAUT BLACKBURN, MO.</u> Address		

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) <u>Myocardial infarction</u>		<u>immediate</u>
DUE TO (b) <u>arteriosclerotic Heart disease</u>		<u>Unknown</u>
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 checked="" 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 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
21. I attended the deceased from <u>8/17/61</u> to _____ and last saw <u>him</u> alive on <u>9/1/61</u> Death occurred at <u>11:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Gene A. McFadden M.D.</u>		22b. ADDRESS <u>WAVERLY, MISSOURI</u>	22c. DATE SIGNED <u>9/5/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9/5/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Waverly</u>	23d. LOCATION (City, town, or county) (State) <u>Waverly, Missouri</u>
24. FUNERAL DIRECTOR <u>George H. Green</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Sept. 9, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Gene A. McFadden</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

SEP 14 1961

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

Georgette Green

Licensed Embalmer No. 4270

P. O. Address Sullivan, 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.