

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Caswell
-62-000137

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 11

AMENDED

FILED FEB 7 1962

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

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First OWEN Middle GAUNTT Last	Month Feb. Day 1, Year 1962

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	8. DATE OF BIRTH Aug. 7, 1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY Unknown
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mr. Archie Dempsey, Webb City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	4 hours
IMMEDIATE CAUSE (a) Status Asthmaticus	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	2-3 days
DUE TO (b) Bronchial Asthma	
DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Heart Disease - Prostatic hypertrophy - Generalized Arteriosclerosis	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
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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.)
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20c. TIME OF INJURY	Month, Day, Year
Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

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
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21. I attended the deceased from 1-30-62 to 2-1-62 and last saw him alive on 1/31/62
Death occurred at 3:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas Barrell M.D.	(Degree or title)	22b. ADDRESS 1201 Buys St. Lamar, Missouri	22c. DATE SIGNED 2/1/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Carterville	23d. LOCATION (City, town, or county) Carterville, Missouri
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24. FUNERAL DIRECTOR Johnson * Simpson	ADDRESS Funeral Home, Webb City, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 1, 1962	26. REGISTRAR'S SIGNATURE Mase Komantz
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF

FEB 19 1962

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.