

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010348

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 77

STATE FILE NUMBER

VS 300
Rev. 4/59

10310
20410

3
4 1
5 2
6
7 0
8 0
9022X

10
11
1286-2
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 28 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Davies County</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Gallatin</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Cox Rest Home</u>	c. CITY OR TOWN <u>Gilman City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
<u>Rosa Orea Gusewelle</u>	
5. SEX <u>Female</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
6. COLOR OR RACE <u>white</u>	8. DATE OF BIRTH <u>3-16-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11a. FATHER'S NAME <u>William E. Oram</u>	11b. MOTHER'S MAIDEN NAME <u>Lucretia Ward</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	12b. SOCIAL SECURITY NO. <u>none</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
14a. NAME OF HUSBAND OR WIFE <u>George S. Gusewelle</u>	14b. ADDRESS <u>Gilman City, Mo.</u>
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Edema of lungs & pericardium</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>mitral leaf, very large heart</u>	<u>2 yrs</u>
DUE TO (c) <u>aortic aneurysm, ulcer of stomach</u>	<u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<u>arterial sclerosis, Coronary pain at times</u>	
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 _____ 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>June 19 59</u> to <u>Mar 19</u> and last saw ^{her} him alive on <u>Mar 18</u> . Death occurred at <u>2:50</u> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H. Bailey</u> (Degree or title)	22b. ADDRESS <u>Gallatin Mo</u>
	22c. DATE SIGNED <u>Mar 18/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3-22-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Masonic - Gilman City</u>	
23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>M. Haase</u> ADDRESS <u>Bethany Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-29-1962</u>
26. REGISTRAR'S SIGNATURE <u>Vernon W. Engelhart</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *MBH*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.