

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-024643

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5941**

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 yr 1 mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY		c. CITY OR TOWN Pasadena		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2155 Dudley St.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Thomas Gaston			4. DATE OF DEATH Month Day Year June 14 1962			5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 4/2/71		9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian			
10b. KIND OF BUSINESS OR INDUSTRY Veterinary				11. BIRTHPLACE (City and state or country) Camden, Mo.				12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Christopher Greenup Gaston				13b. MOTHER'S MAIDEN NAME Nancy H utchinson				14. NAME OF HUSBAND OR WIFE Lula M. Gaston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish Amer. War.				16. SOCIAL SECURITY NO. none		17. INFORMANT Masonic Home of Mo. 5351 Delmar Blvd.				Address Carl V. Stein	
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) ACUTE MYOCARDIAL INFARCTION										ONE WEEK	
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE										TWO YEARS	
DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED										TWO YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS WITH RIGHT HEMIPLEGIA 1 1/2 MONTHS										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		4 2 0 0							
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 JUNE 4, 1960, to JUNE 14, 1962 and last saw him alive on JUNE 14, 1962 Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Robert G. Hall, M.D.						22b. ADDRESS 5351 DELMAR, ST. LOUIS, MO.			22c. DATE SIGNED JUNE 4, 1962		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-16-62		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)			
24. FUNERAL DIRECTOR Newcomer's Sons, Kansas City, Mo.						25. DATE RECD. BY LOCAL REG. JUN 14 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

OCT 16 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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address So. Linn, 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.