

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027980

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 237 Primary Registration District No. _____ Registrar's No. 197

FILED AUG 13 1962

VS 300
Rev. 4/59

1 0740

2 0740

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk</u>		c. CITY OR TOWN <u>Burlington Jct.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. S. of Clearmont</u>		d. STREET ADDRESS (If outside, give location) <u>3 Mi. North east</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jonas</u> Middle <u>Clayton</u> Last <u>Gsell</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>7,</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>4/22/99</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state and country) <u>Kidder, Mo.</u>
13a. FATHER'S NAME <u>Clayton Gsell</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Transue</u>	14. NAME OF HUSBAND OR WIFE <u>Harrietta</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Jonas Gsell, Burlington Jct, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Ischemia</u> DUE TO (b) <u>Compound fracture of skull</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple fractures of legs, ribs and spine</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 checked="" 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.) <u>Fracture he was driving struck by truck</u>
20c. TIME OF INJURY <u>8</u> Hour a.m. p.m. <u>8/7/62</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Hi. 71 South of</u>		20f. CITY, TOWN, OR LOCATION <u>Clearmont</u>	COUNTY <u>Nodaway</u> STATE <u>MO.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. F. Gland M.D.</u> (Degree or title)		22b. ADDRESS <u>Maryville Mo.</u>	22c. DATE SIGNED <u>8/9/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/9/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmo Cemetery</u>	23d. LOCATION (City, town, or county) <u>Elmo, Mo.</u>
24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8 9 62</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>

AUG 14 1962
AUG 20 1962

AUG 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 Curtis C. Kinsley

Licensed Embalmer No. 4936

P. O. Address Maryville, 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.

