

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 3 1942

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Tipton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -- (Specify whether  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Tipton,  
(If outside city or town limits, write "RURAL")  
(d) Street No. No numbers (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country Native

3. (a) PRINT FULL NAME Newton Elmer Gish

3. (b) If veteran, name war World War I 3. (c) Social Security No. 496-01-4398

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stella Gish 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased April 12 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 2 If less than one day -- hr. -- min.

9. Birthplace Benton County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Public

12. Name Peter Gish

13. Birthplace Mullenburg Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Abanda Springer

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Stella Gish

(b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Tipton, Mo.

18. (a) Signature of funeral director Jungel E. Richard

(b) Address Tipton Mo

19. (a) 11/16/42 (Date specified local registrar) (b) Mrs. Vera Ragnan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-15-1940 to 11-14-1942  
that I last saw him alive on 11-13-42 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure acute  
Due to Chronic Myocarditis Chr.  
Due to arterial hypertension Chr.  
Other conditions (Include pregnancy within 3 months of death)

Major findings: None. 930  
Of operations None.  
Of autopsy None.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? --- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place)  
(e) Means of injury ---  
23. Signature J. P. Sumner (M. D. or other)  
Address Tipton Mo. Date signed 11-14-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

68  
2  
0

68  
2  
0

DEC 16 1942

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jessie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.**