V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10054

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Latham MO
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Wade Gist
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 23 (Day) 1896 (Year)

8. AGE: Years 50 Months 10 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Latham MO (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Alfred Gist
13. Birthplace St Clair Co MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cara Howard
15. Birthplace Moniteau County MO (City, town, or county) (State or foreign country)
16. (a) Informant Howard Gist
(b) Address Knob Noster MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation High Land
18. (a) Signature of funeral director Jamell E. Richards
(b) Address Tipton MO
19. (a) 4-1-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 1 minute 05 P M.

21. I hereby certify that I attended the deceased from Mar 28, 1947, to Mar 30, 1947; that I last saw him alive on Mar 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bullet wound of head due to	2 days
Due to gunshot - self inflicted with	
Due to suicide intent	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

16 4C

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence March 28-1947
(c) Where did injury occur? LATHAM (City or town) Moniteau (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury .22 gun

23. Signature Kenyon Latham (M. D. or other)
Address California, MO Date signed 3-31-47

Jefferson City Printing Co. 202 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4-8-47
Date Filed

APR 9 1947

APR 10 1947

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~~ ....., Registered Apprentice No....., working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.