

S. No. 2
M-8-43
5-17-39
P-1 X37823

39940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 21 1948

Registration District No. 138

Primary Registration District No. 4220

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Wheatland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Wheatland
(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 Charles Vicer Gist

3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SUSAN GIST 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 4-16-1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Charles W Gist
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Hannett Matthews
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Susie Best
(b) Address Wheatland, Mo

17. (a) Burial (b) Date thereof 12-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wheatland, Mo

18. (a) Signature of funeral director Walter Mathews
(b) Address Wheatland, Mo

19. (a) Dec 12-1948 (b) W. O. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 3
Year 1948 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 15,
1947, to Dec 3, 1948;

that I last saw him alive on Dec 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to Chronic degenerative Heart (degenerative)
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy 107
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) (c) Means of injury fall

23. Signature D. E. Burgess (M. D. or other) Dr.
Address Wheatland, Mo Date signed 12-11-48

RECEIVED

District Health Officer No. 7,

District File Number 11-48-1457

Date Filed 12-20-48

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 Charles Gilbert Wetaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md

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.