

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30981

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 125

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Livingston</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>2 yrs. 8 Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>416 Raynard Ave.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>	
d. STREET ADDRESS (If rural, give location) <b>416 Raynarda Ave.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>John F.</b>		b. (Middle) _____ c. (Last) <b>Gaulke</b>	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>IX 9 13 49</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>W(US)</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 5, 1875</b>
<b>9. AGE</b> (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Algoma, Wisconsin</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>USA</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Nora Adella Cleveland</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Amelia East, Chillicothe, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>420</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Sept 13, 1949</u> to <u>Sept 13, 1949</u>, that I last saw the deceased alive on <u>Sept 13, 1949</u> and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>M. M. Russell</i>		<b>23b. ADDRESS</b> <b>Chillicothe Mo.</b>	
<b>23c. DATE SIGNED</b> <b>9/14/49</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Sept-16-49</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bedford Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bedford Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Sept-14-49</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Frances B. Neal</i>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Norman</i>		<b>ADDRESS</b> <b>Norman Funeral Home Chillicothe Mo</b>	

REC'D  
SEP 23 1949

OCT 3 1949



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.....

Joseph M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student *Joseph M. Gibson*  
Student Embalmer

Signed

*Elton J. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.