

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1467
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Levasy Ft. Osage</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Levasy, Ft. Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>his own home</u>		d. STREET ADDRESS <u>Rural (1 Mi. North.)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>Carl</u>	c. (Last) <u>Gausman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20. 1950.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 6. 1871.</u>
9. AGE (in years last birthday) <u>78</u>		Months <u>1</u>	Days <u>14</u> Hours <u>X</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>his own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Femme O'sage, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Gausman</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Schemmer</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Pauline Gausman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lydia Gausman Sibley</u>		ADDRESS <u>Rt. 1. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>15 21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 5, 1945</u> , to <u>Jan. 20, 1950</u> , that I last saw the deceased alive on <u>Jan. 20, 1950</u> , and that death occurred at <u>10 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. W. Higgins D.O.</u>		23b. ADDRESS <u>Buckner, Mo.</u>	23c. DATE SIGNED <u>Jan. 20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 22. 50</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Buckner Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan. 21-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Buckner, Mo.</u>

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

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JAN 27 RECD

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 _____

working ~~under~~ *under* my personal supervision.

Signed *[Signature]* Student Embalmer

Signed *Ralph O Jones*

Licensed Embalmer No. *4604*

P. O. Address *Buckner, 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.