

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7700

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 309

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Joseph Mo</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph CIV</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1301 So 8th Street St Joseph</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Gage</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3 12-1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>About 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home.</u>	11. BIRTHPLACE (State or foreign country) <u>Helena, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Gage</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Enslow</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None</u>	ADDRESS <u>State Hospital Records St. Joseph, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrum of the illium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adhesions chronic</u>		?
	DUE TO (c) <u>intestinal obstruction</u>		<u>2 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia praecox</u>		<u>40 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>577X</u>
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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?
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22. I hereby certify that I attended the deceased from Nov 15, 1948, to Jan 1st, 1950 that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 2 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>B. E. Jensen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph Mo. State Hospital #2</u>	23c. DATE SIGNED <u>3-13-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Mar. 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Helena, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 21, 1950</u>	REGISTRAR'S SIGNATURE <u>B. E. Jensen</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer</u>	ADDRESS <u>1046 Colhoun St. St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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~~*****

Student Embalmer No.

working under my personal supervision.

Signed.....

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

Signed.....

Student Embalmer

P. O. Address St. Joseph, Missouri.

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.