

FILED APR 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

9204

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 517 W. Macon	
c. LENGTH OF STAY (In this place) D.O.A.		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hosp.		d. STREET ADDRESS (If rural, give location) Carthage, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Loren	b. (Middle)	c. (Last) Gage	4. DATE OF DEATH (Month) (Day) (Year) April 2, 1950
-------------------------------------	-------------------------	-------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1902	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 7 Day 7	IF UNDER 24 HRS. Hours 7 Min.
--------------------	-------------------------------	---	---------------------------------------	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman	10b. KIND OF BUSINESS OR INDUSTRY Bed Spring Factory	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	---	--

13a. FATHER'S NAME Charles Gage	13b. MOTHER'S MAIDEN NAME Cardwell	14. NAME OF HUSBAND OR WIFE Alice Blackburn Gage
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 450-10-1533	17. INFORMANT'S SIGNATURE OR NAME Alice Gage, Carthage, Missouri.	ADDRESS
--	--	--	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no accident
--	--	--

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? none
--	--	--

22. I hereby certify that I attended the deceased from April 20, 1950, to April 2, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter C. Cornie, Jr., M.D.	23b. ADDRESS 139 N. B. Hwy.	23c. DATE SIGNED 4-5-50
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-50	24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery	24d. LOCATION (City, town, or county) (State) Newton Co., Missouri
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 4/5/50	REGISTRAR'S SIGNATURE L. B. Clinton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, Carthage, Mo.	ADDRESS
--	--	---	---------

Per A. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

2493

4221

RECEIVED 4-8-50
Jasper County Health Office

County File Number 50-3-289

Date Filed 4-11-50

FEB 8 1951

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.

Student
Student Embalmer

Signed *John S. Penner*
Licensed Embalmer No. *419A*
P. O. Address *Carthage*

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.