.S. No. 300
EV. 10.48

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FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9575

State File No.

BIRTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5782 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Gifford
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Gifford 06 10
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Abram b. (Middle) H. c. (Last) Gash

4. DATE OF DEATH (Month) (Day) (Year): February 24 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: September 21 1882

9. AGE (In years last birthday): 67 | If under 1 year: Months 5, Days 3 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel L. Gash.

13b. MOTHER'S MAIDEN NAME: Mary Jane Evans

14. NAME OF HUSBAND OR WIFE: Myrtle E. Gash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 492-24-0231

17. INFORMANT'S SIGNATURE OR NAME: Mary Ruth Powell
ADDRESS: La Plata Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive - Heart disease — Not Known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — " "

DUE TO (c) Chronic nephritis — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 27, 1950, *to* Feb 24, 1950, *that I last saw the deceased alive on* Feb 3, 1950, *and that death occurred at* 1:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Gilbert DO

23b. ADDRESS: La Plata Mo

23c. DATE SIGNED: 2-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 26 1950

24c. NAME OF CEMETERY OR CREMATORY: La Plata

24d. LOCATION (City, town, or county) (State): La Plata Macon Mo

DATE REC'D BY LOCAL REG.: 3/14/1950

REGISTRAR'S SIGNATURE: Daphne Howerton

25. FUNERAL DIRECTOR'S SIGNATURE: M. H. McCollum
ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3/17/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 3/30/52
Date Filed 3/17/50

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 [illegible]

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.