

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36194**

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1268

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 18 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 2906 Lafayette St.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) WILLIAM c. (Last) GAULT	4. DATE OF DEATH (Month) (Day) (Year) 11 7 1950						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-21-1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Gault	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sadie Gault
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. 497-14-4790	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Gault, 2906 Lafayette St.

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, asphyxia, 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) Coronary heart failure		2 wks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) Hypertension		12 mo 18 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer		4:30	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Feb 18th, to 11 6th, 1950, that I last saw the deceased alive on 11-6-, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.E. Grimes M.D.	(Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 11-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Nov. 13, 1950	REGISTRAR'S SIGNATURE Carl C. Casper	FUNERAL DIRECTOR'S SIGNATURE John D. ...	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 my personal supervision.

Student Embalmer No.

Signed

John E. Rupp

Signed.....
Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.