

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34659

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 57

1. PLACE OF DEATH

a. COUNTY PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) POWERSVILLE *York*

c. LENGTH OF STAY (in this place) LIFE TIME

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI b. COUNTY PUTNAM 0860

c. CITY (If outside corporate limits, write RURAL and give township) POWERSVILLE 0

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED

a. (First) JAMES b. (Middle) GATREL c. (Last) GATREL

4. DATE OF DEATH SEPTEMBER 30, 1951

5. SEX MALE 0 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED

8. DATE OF BIRTH OCTOBER 31, 1875 9. AGE (In years) 75 10 UNDER 1 YEAR 10 1 YEAR 29 11 UNDER 2 HRS. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "RETIRED" STOCK BUYER

10b. KIND OF BUSINESS OR INDUSTRY CATTLE, HOGS : ETC

11. BIRTHPLACE (State or foreign country) POWERSVILLE, PUTNAM COUNTY, MO. 0

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

13a. FATHER'S NAME HENRY GATREL

13b. MOTHER'S MAIDEN NAME MARY LOWDER

14. NAME OF HUSBAND OR WIFE ANNA MAUDE GATREL

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JAMES GATREL POWERSVILLE, MISSOURI

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 30 mins, 3 yrs, 10 yrs

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) 4201 _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Aug 26, 1951, to Sept 30, 1951, that I last saw the deceased alive on Sept 27, 1951, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Geo. F. Harrison (Degree or title) _____

23b. ADDRESS _____

23c. DATE SIGNED Oct 5 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 0

24b. DATE 10/2/51

24c. NAME OF CEMETERY OR CREMATORY POWERSVILLE CEMETERY

24d. LOCATION (City, town, or county) (State) POWERSVILLE, MISSOURI

DATE REC'D BY LOCAL REG. 10-12-51

REGISTRAR'S SIGNATURE Marcell Durbin 266

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY John H. Comstock UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

60

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1834
Date Filed: OCT 15 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John N. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.