

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35062

State File No. 9277

FILED NOV 2 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2 219						
d. FULL NAME OF HOSPITAL OR INSTITUTION 717 N. Leonard Ave				STREET ADDRESS (If rural, give location) 717 N. Leonard Avenue				0						
3. NAME OF DECEASED (Type or Print) Ide			a. (First) _____			b. (Middle) _____			c. (Last) Gaskin			4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1951		
5. SEX male		6. COLOR OR RACE col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH June 15 1866			9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months 4 Days 3		11. UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (State or foreign country) Camden Ark			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Warner Gaskin				13b. MOTHER'S MAIDEN NAME Cathrine ?				14. NAME OF HUSBAND OR WIFE -						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Lettie Goodwin ADDRESS 717 N. Leonard Ave								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the lungs INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES Morbid 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.										
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X										
22. I hereby certify that I attended the deceased from Oct 1, 1951 , to Oct. 18, 1951 , that I last saw the deceased alive on Oct. 17, 1951 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.														
23a. SIGNATURE [Signature] (Degree or title) _____						23b. ADDRESS 4448 W. Barton			23c. DATE SIGNED 10/18/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4		24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery				24d. LOCATION (City, town, or county) (State) Elliott Ark						
DATE REC'D BY LOCAL REG. Oct 22 1951				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son ADDRESS 3133 Bell Ave						

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

DATE OF DEATH _____ TIME OF DEATH _____
PLACE OF DEATH _____

Signature of _____

City _____ State _____

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 _____
J. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Cherokee

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.