

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12049**

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11 MAY 5 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **413**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>616 Garden Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>		b. (Middle) <b>L</b>		c. (Last) <b>Gsell</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 22, 1952</b>		5. SEX <b>Fem</b>		6. COLOR OR RACE <b>Wht.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 19 1890</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hammer &amp; Hammer Garment Co. Garment worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Joseph Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Thomas Lynch</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Tindall</b>	
14. NAME OF HUSBAND OR WIFE <b>Samuel L Gsell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-20-3798</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Samuel L Gsell</b>		ADDRESS <b>St. Joseph Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <b>30</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Large &amp; Small Intestines</b>					
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.					
19a. DATE OF OPERATION <b>1/24/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Generalized Carcinomatosis</b>			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) <b>153X</b>	
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 <b>Feb. 7, 1952</b> to <b>April 22, 1952</b> that I last saw the deceased alive on <b>April 22, 1952</b> , and that death occurred at <b>10:35A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. Sleep, Sleep</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>823 Faraon St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>4/23/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 24, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State). <b>St. Joseph Missouri</b>			
DATE REC'D BY LOCAL REG. <b>April 28, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Castle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry Samuel Hame</b>	
				ADDRESS <b>St. Joseph Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 5 1964

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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.