

FILED MAY 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12508

State File No.

BIRTH NO. REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 9

13501

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glennonville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glennonville, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Union Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Township</u>			

3. NAME OF DECEASED (Type or Print) <u>Henry Gass Sr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 52</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 18, 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Gass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Father Mersinger Glennonville, Mo</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - Renal</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>442X</u>	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)	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 Aug., 1947, to MAY, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernard L. Franklin</u> (Degree or title)	23b. ADDRESS <u>Campbell, Mo.</u>	23c. DATE SIGNED <u>4-30-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>5/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. TERESAS</u>
24d. LOCATION (City, town, or county) (State) <u>GLENNONVILLE MO.</u>		

DATE REC'D BY LOCAL REG. <u>5/7/1952</u>	REGISTRAR'S SIGNATURE <u>Maui Bernal Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u>	ADDRESS <u>MALDEN, MO.</u>
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-9-52
COUNTY FILE NUMBER 552-117

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. Schuman*
Licensed Embalmer No. *4086*

P. O. Address *Malden*

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.