

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16279**

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5550</u>		Registrar's No. <u>730460</u>		
1. PLACE OF DEATH a. COUNTY <u>Waverly</u> <u>0460</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Waverly</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waco</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waco</u>		d. STREET ADDRESS (If rural, give location) <u>R 2 D</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gadner</u> b. (Middle) <u>E.</u> c. (Last) <u>Pastle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>29 Dec. 1878</u>		
9. AGE (In years, last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>27</u> Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) <u>Columbus, Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Arma Pastle</u>			13b. MOTHER'S MAIDEN NAME <u>Ketur Wheeler</u>			14. NAME OF HUSBAND OR WIFE <u>Ketur Pastle</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. G. E. Pastle, Waco, Mo</u>				
15. ADDRESS _____								
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (Min.)		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 <u>1942</u> to <u>4-8</u> , 1952, that I last saw the deceased alive on <u>4-5</u> , 1952, and that death occurred at <u>10:05</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>d.o.2 Bakerfield, Mo.</u>		23c. DATE SIGNED <u>4-31-52</u>			
24a. BURIAL, CREMATION, RESURR. (Specify)		24b. DATE <u>4-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Faunter</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-19-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>Matthew Mo</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. D. Robertson*

Licensed Embalmer No. *3432*

P. O. Address *West Haven Ct*

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.