S. No. 300
v. 10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32386

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimbrough Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) ALFORD b. (Middle) c. (Last) GASCHE
4. DATE OF DEATH (Month) (Day) (Year): 9-11-1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 8-29-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): ~~Ohio~~ State /
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: L. Gasche
13b. MOTHER'S MAIDEN NAME: U.K.
14. NAME OF HUSBAND OR WIFE: Lizzie Gasche
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: U.K.
17. INFORMANT'S SIGNATURE OR NAME: G. Y. Gasche — ADDRESS: Pierce City, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-renal-hypertensive disease — INTERVAL BETWEEN ONSET AND DEATH: 4 months

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: 442X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* May, 1952, *to* Sept, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. A. Chester (Degree or title) D.O.
23b. ADDRESS: Granby, Mo.
23c. DATE SIGNED: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-52
24c. NAME OF CEMETERY OR CREMATORY: Hartford Cem.
24d. LOCATION (City, town, or county) (State): Hartford Kansas

DATE REC'D BY LOCAL REG.: Sept 13 1952
REGISTRAR'S SIGNATURE: M. L. Young
25. FUNERAL DIRECTOR'S SIGNATURE: Culver-Stevenson Funeral Home — ADDRESS: Granby, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. ____

District File Number 952-134

Date Filed 9-17-52

NEOSHO, MISSOURI

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 Floyd E. Shewmake Jr. Student Embalmer No. 455 working under my personal supervision.

Student Floyd E. Shewmake Jr. Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.

Items 3a, 6, 13b amended by affidavit of nephew, Modoc Indian Cemetery Records, decedent's Marr. License & decedent's parents marr. license 09-26-03 mjd

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

3. NAME OF DECEASED (Type or Print)
a. (First) Alfred ~~Alford~~
b. (Middle)
c. (Last) GASCHE

4. DATE OF DEATH (Month) (Day) (Year): 9-11-1952

5. SEX: Male
6. COLOR OR RACE: American Indian ~~White~~
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-29-1880
9. AGE (In years last birthday): 72 — If under 1 year: Months 6 Days 13 — If under 1 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): ~~Iowa~~ State
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. Gasche
13b. MOTHER'S MAIDEN NAME: ~~U.K.~~ Elizabeth Earl
14. NAME OF HUSBAND OR WIFE: Lizzie Gasche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: U.K.
17. INFORMANT'S SIGNATURE OR NAME: J. Y. Gasche — ADDRESS: Pierce City Mo

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21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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(Licensed Embalmer's Statement on Reverse Side)