

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35646

State File No.

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 105

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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hudson Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Township-Hudson</u> | |
| c. LENGTH OF STAY (In this place) <u>74 years</u> | | 0610 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If rural, give location) <u>1/4 mile West of Macon, Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>Gary</u> c. (Last) <u>Gary</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</u> | | |
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|--------------------|-------------------------------|---|--------------------------------------|---|----------------------------------|----------------------------------|
| 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>May 13, 1856</u> | 9. AGE (In years last birthday) <u>96</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Gary</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine Petit</u> | 14. NAME OF HUSBAND OR WIFE <u>Laurie Gary</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Gary Loomis</u> ADDRESS <u>Kansas City, Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</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) <u>Saunility</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 4200 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|---|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from July, 1951, to Nov. 7, 1952, that I last saw the deceased alive on Oct 29, 1952 and that death occurred at 7:00 A. m., from the causes and on the date stated above.

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|--|-------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Edward M. Johnson M.D.</u> (Degree or title) | 23b. ADDRESS <u>Macon, Mo</u> | 23c. DATE SIGNED <u>7 Nov. 52</u> |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | 24b. DATE <u>Nov 6, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11/8/52</u> | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> 185 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> ADDRESS <u>Macon</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-17-52
 cur 2-0610

NOV 4 1952

RECEIVED 11.10.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-52-163
Date Filed 11.11.52

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Macon, 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.