

FILED OCT 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35749

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural - Upper Loutr e</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Upper Loutr e</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 mi. N. E. Wellsville</u>		d. STREET ADDRESS (If rural, give location) <u>6 1/2 mi. N. E. of Wellsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>F.</u> c. (Last) <u>GASTLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery, County, Mo</u>
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 <u>Farming</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Gustave Gastler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Oetting</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Martha Gastler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, state year or date of service) <u>1st world war</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Carl Gastler Wellsville Mo</u> ADDRESS <u>Mo</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> 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	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) <u>4201</u>
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>Oct. 25, 1952</u> , to <u>Oct 25, 1952</u> , that I last saw the deceased alive on <u>Oct 25, 1952</u> , and that death occurred at <u>1:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter H. Wellsville</u>		23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>10/25/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem,</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-25-1952</u>	REGISTRAR'S SIGNATURE <u>W. S. Romans Jr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Wells</u> ADDRESS <u>Wellsville Mo</u>	

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

0700

0700

FEB 3 1953

MAR 4 1953

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 F. B. Helms

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.