

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27779**

No. 300
10.48

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **894**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Easton - RURAL 01 RD	
c. LENGTH OF STAY (In this place) 7 mo - 22 days		d. STREET ADDRESS (If rural, give location) Rural 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital No 2			

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	b. (Middle)	c. (Last) Gawatz	4. DATE OF DEATH (Month) (Day) (Year) Aug 12 - 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 5, 1875	9. AGE (In years last birthday) 78	10. MONTH 1	11. DAY 7	12. CITIZEN OF WHAT COUNTRY? U.S.A
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 (City and State or Foreign Country) Missouri			

13a. FATHER'S NAME Abais Gawatz	13b. MOTHER'S MAIDEN NAME Mary Gladd	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME G. Y. Gawatz	ADDRESS Easton Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 **Dec 22, 1952**, to **Aug 12, 1953**, that I last saw the deceased alive on **Aug 12, 1953**, and that death occurred at **6:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Farrell Thomas MD	23b. ADDRESS St Joseph, Mo State Hosp No 2	23c. DATE SIGNED 8/12/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/15/1953	24c. NAME OF CEMETERY OR CREMATORY Blakely Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri
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DATE REC'D BY LOCAL REG. Aug 20, 1953	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowma Funeral Home	ADDRESS St Joseph, Mo.
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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. E. Johnson, Jr.

Licensed Embalmer No. 4781

P. O. Address 315 So 11th St. D. C.

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.