

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35056

State File No.

FILED OCT 19 1953

BIRTH NO. 28546 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1089

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Gentry</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u> <u>0380</u>	
c. LENGTH OF STAY (in this place) <u>17 hrs. 25 min.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ricky</u>	b. (Middle) <u>Lynn</u>	c. (Last) <u>Gage</u>	<u>Oct 8 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, DIVORCED, SEPARATED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Oct 8 - 1953</u>		9. AGE (In years last birthday) <u>X</u>		IF UNDER 1 YEAR Months <u>X</u> Days <u>X</u>	IF UNDER 24 HRS. Hours <u>17</u> Min. <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri, St. Joseph</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	

13a. FATHER'S NAME <u>Max Edward Gage</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Boner</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Gage Stanberry, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant</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 <u>774X</u>	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) <u>Stanberry Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Oct 8, 1953 to Oct 8, 1953, that I last saw the deceased alive on Oct 8, 1953 and that death occurred at 12:00 P.M., Night with the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Minshew</u> (Degree or title)	23b. ADDRESS <u>Stanberry Mo.</u>	23c. DATE SIGNED <u>8/10/53</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Evane Johnson</u>	ADDRESS <u>Stanberry, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed *No.*
Student Embalmer

Signed

E. Evans Johnson

Licensed Embalmer No. *3492*

P. O. Address *Starkburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.