

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

38168

State File No.

FILED DEC 1-1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1009 W. Carrico St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1009 W. Carrico St.</u>		d. STREET ADDRESS (If rural, give location) <u>1009 W. Carrico St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carroll</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Gish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1953</u>		
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>March 20, 1918</u>		9. AGE (In years last birthday) <u>40</u>		10. CITIZENSHIP (If under 1 year Months) (If over 1 year Days) (If over 18 hrs. Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi</u>		11. BIRTHPLACE (State or foreign country) <u>Literberry, Illinois</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Newton Gish</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Carroll Gish</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If so, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>91-05-7018</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carroll Gish 1009 Carrico, Mexi</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, 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>Acute Myocardial Infarction</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-Coronary sclerosis</u>				3 hours -	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				?	

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) (m.)		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 Nov 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953 and that death occurred at 12:01 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blanche Neely, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>Nov 28-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. Lawn Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 29-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles ...</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chris Amundson

Licensed Embalmer No. 3569

P. O. Address Milvia St

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.