

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44008

State File No.

FILED DEC 21 1953

BIRTH NO. REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monegaw Springs</u>	
c. LENGTH OF STAY (in this place) <u>1 Month</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Todd's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>-</u> c. (Last) <u>Gaither</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov; 21, 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>Oct; 6, 1905</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Grayson County Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Cicero Gaither</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Gaither</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Gaither</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Gaither, Osceola Missouri</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, asthenia, 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>Chronic Endocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u> DUE TO (c) <u>Alcoholism</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism</u>						<u>4011</u>	

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)			
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 Oct. 19, 1953 to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953 and that death occurred at 4:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William S. Everett, D.O.</u>			23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>11-21-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benton Green</u>		24d. LOCATION (City, town, or county) (State) <u>Roscoe Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-22-53</u>		REGISTRAR'S SIGNATURE <u>F. B. Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Seavers</u>		ADDRESS <u>Osceola Mo</u>	
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DEC 30 1953

DEC 30 1953

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TO
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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. B. Bualsich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.