

**STANDARD CERTIFICATE OF DEATH**

**4107**

State File No. ....

No. 300  
10.48

**FILED MAR 1 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5133** Registrar's No. **211**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural: Marion Twp.</b> c. LENGTH OF STAY (in this place) <b>life</b> d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>2 miles south and 3 miles east of San Antonio, Missouri</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>Easton</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>R. R. #1</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Alma Schreiber Gawatz</b> a. (First) <b>Alma</b> b. (Middle) <b>Schreiber</b> c. (Last) <b>Gawatz</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 23, 1954</b>	
<b>5. SEX</b> <b>female</b>		<b>6. COLOR OR RACE</b> <b>white</b>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>		<b>8. DATE OF BIRTH</b> <b>March 29, 1893</b>	
<b>9. AGE</b> (In years last birthday) <b>60</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>own home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Easton, Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>William F. Schreiber</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Pfleiderer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>August</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>August Gawatz, R.R.#1, Easton, Mo.</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>CORONARY OCCLUSION</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>HEART DISEASE, HYPERTENSIVE</b> DUE TO (c) <b>UNKNOWN</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>1/24/51</b> , 19___, to <b>2/23/54</b> , 19___, that I last saw the deceased alive on <b>1/19/54</b> , 19___, and that death occurred at <b>6:00a. m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <i>Allen J. Herman</i>		<b>23b. ADDRESS</b> <b>706 FRANCIS ST. City</b>	
<b>23c. DATE SIGNED</b> <b>2-23-54</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>24b. DATE</b> <b>2/25/1954</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Blakely Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Buchanan County, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 25, 1954</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Arthur M. Allison</i>	
<b>REGISTRAR'S SIGNATURE</b> <b>485</b>		<b>ADDRESS</b> <b>Hester - Bowman - St Joseph Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *James R. Hawkins*

Licensed Embalmer No...453

P. O. Address 319 E. 10<sup>th</sup>

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.