

STANDARD CERTIFICATE OF DEATH

State File No. 7678

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5059 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry 1150	
b. CITY (If outside corporate limits, write RURAL and give OR rural-Ozark Township township) c. LENGTH OF STAY (in this place) 6 mos		c. CITY OR TOWN Verona d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Verona		e. STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED a. (First) OLLIE (Type or Print)		b. (Middle) BELLE c. (Last) GASS	
4. DATE OF DEATH March 10-1954		5. SEX female	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	
8. DATE OF BIRTH Jan 10-1886		9. AGE (in years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ----	
11. BIRTHPLACE (City and State or Foreign Country) Wright County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ? Bledsoe		13b. MOTHER'S MAIDEN NAME Carrie ?	
14. NAME OF HUSBAND OR WIFE ---		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 Mrs. J.A. Deekard, Rte 1, Verona, Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar pneumonia</i> ANTECEDENT CAUSES <i>Arteriosclerosis</i> 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. <i>Senility (premature)</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>490X</i>	
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 <i>2-27</i> , 1954 to <i>3-10</i> , 1954, that I last saw the deceased alive on <i>3-9</i> , 1954 and that death occurred at <i>5</i> P. M., from the causes and on the date stated above.	
23a. SIGNATURE <i>Ethel C. Ross, M.D.</i> (Degree or title)		23b. ADDRESS Aurora, Mo	
23c. DATE SIGNED 3-11-54		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE March 12-1954		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	
24d. LOCATION (City, town, or county) (State) Rte 1, Carthage, Mo		25. FUNERAL DIRECTOR'S SIGNATURE <i>Katherine Henderson</i> ADDRESS Knell Mortuary, Carthage, Mo	
DATE REC'D BY LOCAL REG. 3-26-54		REGISTRAR'S SIGNATURE <i>Katherine Henderson</i>	

(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 O. L. Isbell, Student Embalmer No. 500
working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Franklin Kneel

Licensed Embalmer No. 44

P. O. Address Carthage

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.