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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8346**

BIRTH NO. **FILED MAR 26 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **2021** Registrar's No. **50**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Grundy</b>                                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>DAVIESS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Trenton</b> | c. LENGTH OF STAY (In this place) <b>3 DAYS</b> | c. CITY OR TOWN <b>GILMAN CITY</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callers Hospital</b>                 |   | • STREET ADDRESS (If rural, give location) <b>RURAL RT. # 2</b>   |  |

|  |   |   |   |
|--|---|---|---|
| 3. NAME OF DECEASED<br>a. (First) <b>JAMES</b> b. (Middle) <b>E</b> c. (Last) <b>Gusewelle</b> |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>MAY. 18 1954</b>             |   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>White</b>                                       | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>Sept. 7, 1870</b>   |
| 9. AGE (In years last birthday) <b>83</b>  | IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>                       | IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>                         | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>Ag. Culture</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Ill</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                            |   |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>John E. Gusewelle</b>                                 | 13b. MOTHER'S MAIDEN NAME <b>Frances Smith</b>                         | 14. NAME OF HUSBAND/OR WIFE <b>MARGARET Gusewelle</b>             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> | 16. SOCIAL SECURITY (If yes, give way or dates of service) <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>NONE</b> ADDRESS <b>NONE</b> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Venous Thrombosis of leg</b>   |   |  | <b>4 or 5 days</b>               |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  | Indefinite                       |
| DUE TO (b) <b>Diabetes Mellitus</b>  |   |  |                                  |
| DUE TO (c)   |   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.          | <b>Enlarged prostate</b>  |  |                                  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Jan 27**, 1954, to **March 18**, 1954, that I last saw the deceased alive on **March 18**, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                  |                  |
|---|----------------------------------|------------------|
| 23a. SIGNATURE <b>G.H. Callers M.D.</b> (Degree or title) | 23b. ADDRESS <b>Trenton, Mo.</b> | 23c. DATE SIGNED |
|---|----------------------------------|------------------|

|   |   |  |  |
|---|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>MAY 20 1954</b>            | 24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>GILMAN CITY MO.</b> |
| DATE REC'D BY LOCAL REG. <b>3-20-1954</b>               | REGISTRAR'S SIGNATURE <b>Jeanne Yaw</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Blackmore</b>      | ADDRESS <b>Trenton, Mo.</b>  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 13 1963

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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 *Harold L Roberts*

Licensed Embalmer No. *490*

P. O. Address *Linton,*

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.