No. 300
10.48

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16430

State File No.

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 7249 Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JEFF
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO c 500
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): FREDERICK
c. (Last): GASCHE

4. DATE OF DEATH (Month) (Day) (Year): MAY 3 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 28 1900
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IMPLEMENT DEALER
10b. KIND OF BUSINESS OR INDUSTRY: TRACTOR SALES
11. BIRTHPLACE (State or foreign country): HILLSBORO
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: GEORGE GASCHE
13b. MOTHER'S MAIDEN NAME: CORA WINER
14. NAME OF HUSBAND OR WIFE: LEONA GASCHE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 489-18-1470
17. INFORMANT'S SIGNATURE OR NAME: LEONA GASCHE — ADDRESS: HILLSBORO, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I attended the deceased from~~ _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8 35 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Carl E. Fine M.D. County Health Officer
23b. ADDRESS: Hillsboro Mo
23c. DATE SIGNED: 5/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 6 1954
24c. NAME OF CEMETERY OR CREMATORY: HILLSBORO CEM.
24d. LOCATION (City, town, or county) (State): HILLSBORO MO.

DATE REC'D BY LOCAL REG.: 5-5-54
REGISTRAR'S SIGNATURE: Kathleen Marden 141-0
25. FUNERAL DIRECTOR'S SIGNATURE: Donnell B. Dietrich
ADDRESS: Desoto Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 3 1954

JUN 8 1954

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dedeto 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.