

FILED JUL-27 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23326

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 2001		Registrar's No. 945			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 5 MO		c. CITY OR TOWN JOPLIN		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 2302 PENNSYLVANIA AVE.				e. STREET ADDRESS (If rural, give location) 1906 KENTUCKY AVENUE					
3. NAME OF DECEASED (Type or Print) a. (First) FOREST		b. (Middle) HENRY		c. (Last) GAGER		4. DATE OF DEATH (Month) (Day) (Year) JULY 15, 1954			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH FEB. 6, 1870			
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Hours Min.		9. AGE (In years last birthday) 84			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and State or Foreign Country) COLUMBUS, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME WILLIAM GAGER		13b. MOTHER'S MAIDEN NAME MARGARET CODY		14. NAME OF HUSBAND OR WIFE UNK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
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) Heart stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E9319 46 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Gen. arteriosclerosis 5 yrs.				INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
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) 22 (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7-15-54 19, to 7-15-54 19, that I last saw the deceased alive on 7-15-54 19, and that death occurred at 8:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) George M. D.				23b. ADDRESS 308 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 7-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-17-54		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 7-24-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 195
Jasper County Health Office
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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 F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

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.