

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 18 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 305 Registrar's No. 715

2910

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 Wk.</u>	c. CITY OR TOWN <u>Perryville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>503 N. Main St.</u>		<u>079/0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Agnes</u>	c. (Last) <u>Gagnepain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1954</u>
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5. SEX <u>Female</u>	6. COLOR & RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Cissell</u>	13b. MOTHER'S MAIDEN NAME <u>Augustine LaClair</u>	14. NAME OF HUSBAND OR WIFE <u>Emmett Gagnepain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Gagnepain</u>	ADDRESS <u>Perryville, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydronephrosis</u>			<u>1 month</u>
	DUE TO (c) <u>Chronic cordis-vascular renal disease</u>			<u>2 year</u>
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 <u>4/2 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1954 to Oct 8, 1954, that I last saw the deceased alive on Oct 5, 1954 and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Carron MD</u> (Degree or title)	23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>10-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 11, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Oct 12-54</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u> <u>254</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville mo</u>	ADDRESS
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DEC 7 1961

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... Wallace Gandy

Licensed Embalmer No... 402

P. O. Address... Perryman

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.