No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 - 1955

State File No. 3650

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 20

070 1

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELK CREEK
c. LENGTH OF STAY (in this place): 33 yrs.
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: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELK CREEK 1070
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): GEORGE
c. (Last): GUTSHALL

4. DATE OF DEATH (Month) (Day) (Year): JAN. 25-55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: July 2-1891
9. AGE (In years last birthday): 63
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HOGESTON, PENN.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ABE Gutshall
13b. MOTHER'S MAIDEN NAME: EMMA OHARA
14. NAME OF HUSBAND OR WIFE: THELMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Thelma Gutshall
ADDRESS: Elk Creek

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) Metastatic carcinoma to lungs.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized carcinomatosis
DUE TO (c) Carcinoma of the rectum

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

19a. DATE OF OPERATION: 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum 154 X
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* 1/24, 1955, *to* 1/25, 1955, *that I last saw the deceased alive on* 1/24/55 19____, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Keen B. Kelly
(Degree or Title): MD.
23b. ADDRESS: Houston Missouri
23c. DATE SIGNED: 1/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-27-55
24c. NAME OF CEMETERY OR CREMATORY: CABOOL CEMET
24d. LOCATION (City, town, or county) (State): CABOOL, MO.

DATE REC'D BY LOCAL REG.: 1-28-55
REGISTRAR'S SIGNATURE: Gaynell Cunningham
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott-Hentz
ADDRESS: Cabool, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 1955

FEB 3 1955

FEB 3 1955

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 James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Calvert, Ms.

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.