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FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7599**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **218**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b> c. CITY OR TOWN <b>Liberty</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY OR TOWN <b>Rural Liberty</b>		c. LENGTH OF STAY (in this place) <b>17 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Platte Co. Home</b>			
STREET ADDRESS (If rural, give location) <b>Platte Co. Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARA</b> b. (Middle) <b>M</b> c. (Last) <b>OVERHOLT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 5 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>unk.</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) last birthday <b>76</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>	

13a. FATHER'S NAME <b>Augusta Gauden</b>	13b. MOTHER'S MAIDEN NAME <b>Mary unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Reuben Gauden</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Overholt Liberty Mo.</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		
	ANTECEDENT CAUSES <b>following Ca of breast with operation 2 yrs ago</b>		
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 <b>170 X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **1950** to **Apr**, 19**55**, that I last saw the deceased alive on **April 1, 1955**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry Gauden MD</b> (Degree or title)	23b. ADDRESS <b>Liberty, Missouri</b>	23c. DATE SIGNED <b>4/6/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr 7-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem. Liberty Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Apr 8-1955</b>	REGISTRAR'S SIGNATURE <b>Mabel Graham 491</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Archer Liberty Mo.</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John Lombard*.....

Licensed Embalmer No. *444*.....

P. O. Address *Liberty*.....

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.