

10. 0.48

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH 3601

State File No. 12442

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3092 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Warrensburg,</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, R.R. No. 3, Warrensburg,</i>	
c. LENGTH OF STAY (in this place) <i>24 yrs.</i>		0510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Residence, R.R. 3, Warrensburg,</i>		d. STREET ADDRESS (If rural, give location) <i>R.R. No. 3, Warrensburg, Mo.</i>	

3. NAME OF DECEASED (Type or Print) <i>MARGARET</i>	a. (First)	b. (Middle)	c. (Last) <i>GASTON,</i>	4. DATE OF DEATH <i>April 16, 1955</i>
---	------------	-------------	--------------------------	--

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 5, 1869</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
----------------------	-------------------------------	--	---------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home maker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Parkersburg, West Va. /</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
---	---	---	--

13a. FATHER'S NAME <i>Robert Gaston,</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Wright,</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Walter Hulse, Warrensburg, Mo.</i>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <i>331 X</i>	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) (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 *4-16*, 19*55*, to *4-16*, 19*55*, that I last saw the deceased alive on *4-16*, 19*55*, and that death occurred at *4 P.M.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. Lee Cooper</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Warrensburg, Missouri</i>	23c. DATE SIGNED <i>4-17-1955</i>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>4-18-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Big Creek Cemetery,</i>	24d. LOCATION (City, town, or county) (State) <i>Bosworth, Missouri</i>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <i>Apr 18 1955</i>	REGISTRAR'S SIGNATURE <i>Savannah C. C. C. C.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>R.A. Brauning, Warrensburg, Mo.</i>
---	---	---

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

RECEIVED
APR 25 1955
RECEIVED

JOHNSON COUNTY HEALTH DE

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 _____

W. A. Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.