

STANDARD CERTIFICATE OF DEATH

Miller
State File No. 29613

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 8836 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Hawell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Goldsberry)</u>	c. LENGTH OF STAY (If this place) <u>3 days</u>	c. CITY OR TOWN <u>Mtn. View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>7.0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location). <u>3 mi. S.W. Mtn. View</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANNING</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Gatchel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10-1955</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>Jan. 27-1882</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>H. S. Gatchel</u>		13b. MOTHER'S MAIDEN NAME <u>Elysania Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Gatchel</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Gatchel Rt 2 Mtn. View, Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Pulmonary edema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sexility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 yrs.</u> <u>-</u> <u>-</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201.</u>		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)	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, 1955, to Sep-10, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold W Miller MD</u>		23b. ADDRESS <u>Willow Springs Mo</u>		23c. DATE SIGNED <u>9-20-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>Sept. 14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u>	

DATE REC'D BY LOCAL REG <u>Aug-27-55</u>	REGISTRAR'S SIGNATURE <u>Laura Gatchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan's Mtn. View, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

1938

NOV 14 1938

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 *Joel S. Luman*.....

Licensed Embalmer No. *432*
P. O. Address *Mt. View*.....

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.