

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16959

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5660</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL DICKERSON</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>KNOX CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie View Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDD</u>			b. (Middle)		c. (Last) <u>GASTINEAU</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12, 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 27, 1887</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX CITY, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>GRANVILLE GASTINEAU</u>			13b. MOTHER'S MAIDEN NAME <u>SARA WOOD</u>			14. NAME OF HUSBAND OR WIFE <u>BERTHA GASTINEAU</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LUTE SANDERS</u>		ADDRESS <u>LEWISTOWN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>	
				ANTECEDENT CAUSES Morbidity 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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		<u>4201</u>			
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 <u>Aug</u> , 19 <u>52</u> , to <u>12 May</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10 May, 1955</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John W. Wells</u> (Degree or title) <u>DO</u>			23b. ADDRESS <u>Lewistown Mo</u>			23c. DATE SIGNED <u>14 May 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/14/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>5-15-56</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold</u>		ADDRESS <u>Lewistown, Mo.</u>			

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

Licensed Embalmer's Statement on Reverse Side

MAY 22 1956

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.....
Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN,

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.