

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21012

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. CITY OR TOWN Holden	
c. LENGTH OF STAY (In this place) over 1 yr		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 Smead Nursing Home		e. STREET ADDRESS (If rural, give location) Holden Mo. 0510	

3. NAME OF DECEASED (Type or Print) ALVA RUFUS GAUSS			4. DATE OF DEATH JUNE 13 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH AUG 2 1888		9. AGE (In years last birthday) 77		10. YOUNG (If under 1 year) 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Centerville Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. C. Gauss		13b. MOTHER'S MAIDEN NAME Valinda Ruppert	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. 383-01-5479	
17. INFORMANT'S SIGNATURE OR NAME Chas M Gauss		18. ADDRESS Ft Worth Tex		19. MEDICAL CERTIFICATION	

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.		I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) Diabetic Coma		INTERVAL BETWEEN ONSET AND DEATH 20 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes Mellitus		3 years	
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 none		19b. MAJOR FINDINGS OF OPERATION		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		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 May 29, 1955, to June 13, 1956, that I last saw the deceased alive on June 13, 1956, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Glenn Smead		(Degree or title) DC		23b. ADDRESS 411 Main Holden Mo.		23c. DATE SIGNED June 14, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1956		24c. NAME OF CEMETERY OR CREMATORY Centerville Mo Cem		24d. LOCATION (City, town, or county) (State) Centerville Mo	
DATE REC'D BY LOCAL REG June 16, 1956		REGISTRAR'S SIGNATURE Mrs. G. O. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canada J. Kopp Holden Mo			

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

RECEIVED
JUN 18 1956
JOHNSON COUNTY HEALTH DEPT

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 *M L Canaday*.....

Licensed Embalmer No. *343*

P. O. Address *Heldens*

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.