

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21477

State File No.

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Burlington		c. LENGTH OF STAY (in this place) 17 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles West of Rolla, Mo.		c. CITY OR TOWN Newburg Rt. 2 STREET ADDRESS (If rural, give location) Newburg Rt. 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EMIL	b. (Middle) PHILIP	c. (Last) GASSER	(Month) June	(Day) 16,	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1879		9. AGE (in years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
13a. FATHER'S NAME Emil Gasser			13b. MOTHER'S MAIDEN NAME Johanna Mueller		14. NAME OF HUSBAND OR WIFE Virginia Gasser (wife)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-38-0752		17. INFORMANT'S SIGNATURE OR NAME Virginia Gasser ADDRESS Rt. 2, Newburg, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUE TO (b) Ca of Prostate			?
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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 June 4, 1956, to June 16, 1956, that I last saw the deceased alive on June 15, 1956, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) James M. Myers M.D.		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 6/19/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-1956		24c. NAME OF CEMETERY OR CREMATORY Friedmanns Cemetery		24d. LOCATION (City, town, or county) (State) 8900 Broadway, St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. June 19, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Carl Glenn ADDRESS 1100 Elm, Rolla, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 452

Date Filed JUN 28 1956

JUL 2 1956

1956 JUN 6 907

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Me., Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No. 4707...

P. O. Address Rolla, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.