

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3451

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If different from usual residence, give address and admission.) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sherrill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural -</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. FURNAL NAME OF HOSPITAL OR INSTITUTION <u>South West of Wayneville Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret Lou</u> b. (Middle) <u>RENA</u> c. (Last) <u>GAEDE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 - 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jul 21, 1906</u>
9. AGE (in years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home wife</u>	11. BIRTHPLACE (State or foreign country) <u>Wayneville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Daryl Gunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Mannes</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Gaede (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs William Bedwell Dupps Jr</u>		ADDRESS <u>Dups Jr</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>Cardiac & pulmonary arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cachexia & debilitation</u>			
DUE TO (c) <u>Carcinomatous</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Stomach</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>with wide spread metastases</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan 10, 1957</u> and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W J Myers MD</u>		23b. ADDRESS <u>Licking Mo</u>	
23c. DATE SIGNED <u>1-12-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 15, 1957</u>	REGISTRAR'S SIGNATURE <u>Edwina Hesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>South Ferguson Licking Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed _____

Robert Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Rocking Hill

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.