

Health, Welfare, Public Service
 300 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 11 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5496

Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jefferson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Belle, R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home			Length of stay in 1b 27 yrs			d. STREET ADDRESS (If outside, give location) (Jefferson Township)	
3. NAME OF DECEASED (Type or print) Lawrence Francis Gaul				4. DATE OF DEATH Month Feb Day 27 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 6 - 1876	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 8 Days 0 Hours 0 Min. 0		10. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) Iowa	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Gaul				14. MOTHER'S MAIDEN NAME Mary McCourt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs. Travis Williams - Belle Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 10 mins	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Myocardial Regeneration				5 yrs.	
		DUE TO (c) Arteriosclerosis				12 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 470.1					
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/20/57 to 2/27/57 and last saw her alive on 1/14/57 Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R.H. Schomberg				22b. ADDRESS Belle, Mo		22c. DATE SIGNED 3/1/57	
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		3-1-1957		STAGGS Chapel		Maries County - MO	
24. SUPERVISOR'S SIGNATURE Charles Carson Belle Mo				25. DATE RECD. BY LOCAL REG. 3-3-57		26. REGISTRAR'S SIGNATURE Pauline Howard	

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 *Chas. S. Saseman*

Licensed Embalmer No. *41*

P. O. Address *Blond*

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