

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10279

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2418**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital #179**

e. STREET ADDRESS (If rural, give location) **3140 LAFAYETTE**

3. NAME OF DECEASED (Type or Print) a. (First) **LOWELL** b. (Middle) **THOMAS** c. (Last) **GASSIER**

4. DATE OF DEATH (Month) (Day) (Year) **3-10-57**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED**

8. DATE OF BIRTH **April-16-1937**

9. AGE (In years last birthday) **19** IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **UNK**

10b. KIND OF BUSINESS OR INDUSTRY **UNK**

11. BIRTHPLACE (City and State or Foreign Country) **Kennett Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **CALVIN Y. GASSIER**

13b. MOTHER'S MAIDEN NAME **ANNA L. LAX**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give year or date of service) **W.W. 2**

16. SOCIAL SECURITY NO. **UNK**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **CALVIN GASSIER 3140 LAFAYETTE**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lobar Pneumonia**

INTERVAL BETWEEN ONSET AND DEATH _____

*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid 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. **490x**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? 1 YES 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 NOT WHILE AT WORK

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 _____, 19____, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. [Signature]** (Degree or title) _____

23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **3/11/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **3-12-57**

24c. NAME OF CEMETERY OR CREMATORY **PINE BLUFF CEM. PINE BLUFF, ARK.**

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 11 57** **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.R. Lupton & Sons 7233 Delmar**

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

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 *C. Clarence H. Murray*
.....

Licensed Embalmer No. *41611*

P. O. Address *H. Lewis, T.*

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.