

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 021902  
STATE FILE NUMBER  
REGISTRATION DISTRICT No. 221 Primary Registration District No. 4331 Registrar's No. 66

FILED JUL 3 1957

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Moniteau</i>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>Jamestown</i> |  | c. CITY OR TOWN <i>Jamestown</i>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION           |  | d. STREET ADDRESS (If outside, give location) <i>0680</i>   |  |

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|--|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <i>DORA</i> Middle <i>EMMA</i> Last <i>GATSCHE</i>                    |                               |  | 4. DATE OF DEATH<br>Month <i>June</i> Day <i>20</i> Year <i>1957</i> |  |  |
| 5. SEX <i>Female</i>   | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Oct 26 - 1876</i>                                | 9. AGE (In years last birthday) <i>80</i>                          | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months <i>7</i> Days <i>24</i> Hours <i></i> Min <i></i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housekeeping</i>    |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country) <i>Jamestown Mo.</i>    |  |
| 13. FATHER'S NAME <i>Wm Gatschet</i>   |                               |  | 14. MOTHER'S MAIDEN NAME <i>Mary Hemendin</i>                        |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> |                               | 16. SOCIAL SECURITY NO. <i>No</i>  |  | 17. INFORMANT <i>Michael Gatschet</i> Address <i>Jamestown Mo.</i> |  |

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|--|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause prevailing for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 hour</i>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>Myocardial Failure</i>                                 |  |  |   |
| DUE TO (c) <i>Unclipped advanced arteriosclerosis</i>  |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><i>Bronchial Asthama</i>       |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|
| 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.) |  |
| 20c. TIME OF INJURY<br>Hour <i></i> Month <i></i> Day <i></i> Year <i></i><br>a. m. <i></i> p. m. <i></i> |  |  |

|   |   |                                   |        |                                 |
|---|---|-----------------------------------|--------|---------------------------------|
| 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 <i>2/19/57</i> to <i>6/20/57</i> and last saw <i>her</i> <sup>him</sup> alive on <i>4/20/57</i><br>Death occurred at <i>5:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. |   |                                   |        |                                 |
| 22a. SIGNATURE (Degree or title) <i>J. H. Young M.D.</i>  |   | 22b. ADDRESS <i>Jamestown Mo.</i> |        | 22c. DATE SIGNED <i>6/21/57</i> |

|  |                          |  |  |         |
|--|--------------------------|--|--|---------|
| 23a. BURNING CREMATION (Removal of body) | 23b. DATE <i>6-22-57</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Methadist Cemetery</i> | 23d. LOCATION (City, town, or county) <i>Jamestown Mo.</i> | (State) |
|--|--------------------------|--|--|---------|

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|--|---|--|
| 24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> ADDRESS <i>California Mo.</i> | 25. DATE RECD. BY LOCAL REC. <i>6-22-57</i> | 26. REGISTRAR'S SIGNATURE <i>Helen K. Popjay</i> |
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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..

Student.....  
Signature of Student Embalmer

Signed *Hugh C. Williams*  
.....

Licensed Embalmer No. *25*

P. O. Address *California*

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.