

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027384
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 80

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| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fiarfax</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Tarkio</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospt</u> | | | | Length of stay in lb <u>5 days</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>ARSULA</u> Middle <u>*</u> Last <u>GAILEY</u> | | | | 4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1957</u> | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>July 14, 1869</u> | | 9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and state or country) <u>Milan, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> | |
| 13. FATHER'S NAME <u>Andrew Warren</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</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>none</u> | | 17. INFORMANT Address <u>Mrs. Dave Chaney Tarkio, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro vascular accident</u> Interval between ONSET AND DEATH <u>3 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cerebral arterio sclerosis</u> DUE TO (c) <u>Hypertensive-arterio-sclerotic cardiovascular disease</u> 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.) | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | |
| 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 <u>4/5/57</u> to <u>8/1/57</u> and last saw her there alive on <u>8/1/57</u> Death occurred at <u>8:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Med Emerged</u> (Name or title) | | | | 22b. ADDRESS <u>Tarkio, Missouri</u> | | 22c. DATE SIGNED <u>8/3/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>8/4/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Aug 16, 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Thermin H. Schaefer</u> | |

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.....
Licensed Embalmer No. 480

P. O. Address Tarkio, Mo.

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.