

000-56  
 health, welfare and public service  
 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  
 310

THE REPUBLIC OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31212  
 STATE FILE NUMBER

FILED OCT 8 1957

Registration District No. 75 Primary Registration District No. 5299 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b> <u>0250</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lathrop Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Lathrop Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At farm home.</b>			Length of stay in lb <b>Life</b>		d. STREET # (If outside, give location) ADDRESS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JOHN FRANK GALL</b> <i>First Middle Last</i>				4. DATE OF DEATH <b>Sept. 24 1957</b> <i>Month Day Year</i>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr. 13. 1867</b>		9. AGE (In years) <b>90</b> <i>(in day)</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Turney, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Henry Gall</b>				14. MOTHER'S MAIDEN NAME <b>Tipton.</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT <b>Emery Chase, Turney, Mo.</b> <i>Address</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1-2 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>embolus</b>					unknown	
		DUE TO (c) <b>arteriosclerosis</b>					20 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>							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 <b>3:30 P.M. 9 24 57</b> <i>Hour a. m. Month, Day, Year</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 <b>Lathrop, Missouri</b>		COUNTY		STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Paul W. ...</i> (Degree or title) <b>coroner 3</b>				22b. ADDRESS <b>Lathrop, Missouri</b>			22c. DATE SIGNED <b>9-27-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept 26 '57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lathrop Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lathrop, Missouri</b>			
24. FUNERAL DIRECTOR <b>DeMoss Crunk</b> ADDRESS <b>Cameron, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-1-57</b>		26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i>			

JUL 17 1958

**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 *Leo G. Moss* .....  
Signature of Licensed Embalmer

Licensed Embalmer No. *25*

P. O. Address *Home*

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.