Health, & Welfare Public Service

FILED NOV 26 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038842

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Bates	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Gap Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Butler Rt 5 6070 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasant Gap Twp. Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Rt.5 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First Henry	Middle David	Last Gander	4. DATE OF DEATH Month Day Year 11-9-1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 8-28-1871	9. AGE (In years last birthday) 87 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bates Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Gander	13b. MOTHER'S MAIDEN NAME Mary Shaffer	14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph Gander	Address Butler, Mo.	

MEDICAL CERTIFICATION

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 thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart

DUE TO (c) disease.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 12 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Douglas Ronald MD Coroner	22b. ADDRESS Butler, Mo	22c. DATE SIGNED 11/11/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-58	23c. NAME OF CEMETERY OR CREMATORY Double Branch Cem.	23d. LOCATION (City, town, or county) (State) Bates Co., Mo.
24. FUNERAL DIRECTOR Culver-Underwood	ADDRESS Butler, Mo.	25. DATE RECD. BY LOCAL REG. NOV. 11-1958	26. REGISTRAR'S SIGNATURE Randall Kirby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS OCT 21 1955

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 John J. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.