Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010622
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Farmington, Mo. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Medical Arts Clinic Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Elvins Mo. Rt. 1 Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William Middle: Gathing Last: Gage
4. DATE OF DEATH: Month: Mar. Day: 7 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 11, 1891
9. AGE (In years last birthday): 68 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): Retired Rail-road worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Stamps, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jasper M. Gage
13b. MOTHER'S MAIDEN NAME: Betty Lewis
14. NAME OF HUSBAND OR WIFE: Grace S. Gage
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Grace M. Gage Address: Elvins, Mo. Rt. 1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: One Hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis by Coronary results
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar 7, 1959 to Mar 7, 1959 and last saw him alive on Mar. 7, 1959
Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. A. Huckstep (Degree or title) M.D.
22b. ADDRESS: Farmington, MO
22c. DATE SIGNED: 3/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 10, 1959
23c. NAME OF CEMETERY OR CREMATORY: Hillview Memorial Gardens
23d. LOCATION (City, town, or county) (State): Near Farmington, Mo.

24. FUNERAL DIRECTOR: C.H. Cozean ADDRESS: Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 9, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 18 1959

APR 4 1959

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. 4089

P. O. Address .....

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.