

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034262

FILED VS OCT 13 1960

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Registration District No. _____ Primary Registration District No. 5330

Registrar's No. 28

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Crawford	a. STATE	Mo. b. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Osage	c. CITY OR TOWN	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
20 yr.		SAME AS 1c.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
15 mi. s. of Steelville		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Catherine Myrtle Gaskill			10 - 9 - 60		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
Female	White		3-7-96	64	Months 7 Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
				Grandprairie, Texas U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
John W. Redd		MARY			
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 Address	
No		498-40-8752		James Wilson Davisville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma	5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Lymphosarcoma	6 years
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
Diabetes Mellitus		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ s.m. _____ p.m.	Month, Day, Year _____	

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
	2-10-58	10-9-60		
21. I attended the deceased from _____ to _____ and last saw her alive on _____				
Death occurred at _____ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Dr. H. Bauman M.D.	Steelville Mo.	10-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
BURIAL	10-11-60	Steelville
24. FUNERAL DIRECTOR ADDRESS		23d. LOCATION (City, town, or county) (State)
Harry M. Jones Steelville		Steelville Mo.

25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
10/10/60	Mrs. Hazel Gehring

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry M. Brown

Licensed Embalmer No. 2628

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.