

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

=61-000088

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 50.33 Registrar's No. 18

DATE AMENDED
 AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 s.g. By hand. m.s.

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Martinsburg, Loutre Twp		Length of stay in 1b	c. CITY OR TOWN Martinsburg, Loutre Twp		Inside Limits No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR #1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #1		
3. NAME OF DECEASED (Type or print) First Middle Last LEO JOHN CHARLES GASTLER			4. DATE OF DEATH Month Day Year Jan. 28, 1961			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 8, 1901	9. AGE (last birthday) 59 IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 general farming	11. BIRTHPLACE (City and state or country) Montgomery Co, Mo		12. CITIZEN OF WHAT COUNTRY U, S, A,	
13a. FATHER'S NAME Gus Gastler		13b. MOTHER'S MAIDEN NAME Mary Oetting		14. NAME OF HUSBAND OR WIFE Thelma Oliver Gastler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Mrs. Thelma Gastler, Martinsburg, Mo			
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					INTERVAL BETWEEN ONSET AND DEATH 10 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery disease					2 mo.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.	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		20g. COUNTY STATE		
21. I attended the deceased from Dec 23, 1960 to Jan 28, 1961 and last saw him alive on Jan 28, 1961 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) S. Byland M.D.			22b. ADDRESS Wellsville Mo		22c. DATE SIGNED 1-30-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 31, 1961	23c. NAME OF CEMETERY OR CREMATORY Wellsville.		23d. LOCATION (City, town, or county) (State) Wellsville, Mo		
24. FUNERAL DIRECTOR ADDRESS Howard F. Myers, Wellsville, Mo.			25. DATE RECD. BY LOCAL REG. Jan 30 - 1961	26. REGISTRAR'S SIGNATURE Blanche Neely		

