

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-016346 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDED

Registration District No. 4 Primary Registration District No. Registrar's No. 53

FILED MAY 16 1961

1. PLACE OF DEATH a. COUNTY Atchison b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Length of stay in 1b 4 days c. CITY OR TOWN Westboro Inside Limits Yes X No 0 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes 0 No X

3. NAME OF DECEASED (Type or print) First Middle Last Jessie Ellen Gage 4. DATE OF DEATH Month Day Year April- 28-1961

5. SEX Female 6. COLOR OR RACE Wh 7. Married Widowed X Never Married Divorced 8. DATE OF BIRTH 9/8/1875 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME Thomas Horner 13b. MOTHER'S MAIDEN NAME Ann Cash 14. NAME OF HUSBAND OR WIFE George Gage

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. None 17. INFORMANT Bess Fecher Address Westboro, 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) Septicemia INTERVAL BETWEEN ONSET AND DEATH 2 hours DUE TO (b) Intentional Obstruction 5 days DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Cerebral Arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 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 April 25, 1961 to April 29, 1961 and last saw him alive on April 28, 1961 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Bone MD 22b. ADDRESS Tarkio, Mo 22c. DATE SIGNED 4/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/30/61 23c. NAME OF CEMETERY OR CREMATORY Center Grove 23d. LOCATION (City, town, or county) Westboro, Missouri

24. FUNERAL DIRECTOR Tucker Funeral Home Westboro, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. May 1, 1961 26. REGISTRAR'S SIGNATURE Tharvin V. Schaefer

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 *Ashley R. Ruck*

Licensed Embalmer No. 4757

P. O. Address Westboro, Missou

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.