

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032435

AMENDED

Registration District No. 120
FILED OCT 10 1961

Primary Registration District No. _____ Registrar's No. 90

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Gentry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stanberry, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Gentry</u>	
Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Stanberry, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>612 N. Walnut St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>612 N. Walnut St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>EDGAR</u>		Middle <u>EARL</u>		Last <u>GAGE</u>		Month <u>Sept.</u> Day <u>30</u> Year <u>1961</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 10, 1893</u>	
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Gage</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Chapman</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. May E. Gage</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>				17. INFORMANT Address <u>Mrs. May E. Gage, Allendale, Mo.</u>			
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 <u>1 year</u>
IMMEDIATE CAUSE (a) <u>Myocarditis</u>							
DUE TO (b) _____							
DUE TO (c) <u>Edema</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Thrombo-Phlebitis</u>							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 <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 _____ a.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	
21. I attended the deceased from <u>1956</u> to <u>Sept. 30, 1961</u> and last saw him alive on <u>Sept. 29, 1961</u> Death occurred at <u>2:00</u> <u>pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. L. Killigan M.D.</u>				22b. ADDRESS <u>Stanberry, Missouri</u>		22c. DATE SIGNED <u>Oct. 2, 1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 2, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jennings Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>North of Stanberry, Mo.</u>	
24. FUNERAL DIRECTOR <u>Johnson Funeral Homes, Stanberry, Mo.</u>		ADDRESS <u>222 49th</u>		25. DATE RECD. BY LOCAL REG. <u>10-2-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 *Ross Swan Johnson*

Licensed Embalmer No. 4948

P. O. Address Stanberry,

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.