ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-043910

STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 44

FILED JAN 2 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville Twp.
Length of stay in 1b: 16-Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9-M. N. of Keytesville
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Keytesville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9-M. N. of Keytesville
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Harry; Middle Cleveland; Last Gaw
4. DATE OF DEATH: Month Dec.; Day 23rd; Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-16-1884
9. AGE (last birthday): 77
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): Retired Rural Mail Car.
10b. KIND OF BUSINESS OR INDUSTRY: mail carrier
11. BIRTHPLACE (City and state or country): Liberty Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Gaw
13b. MOTHER'S MAIDEN NAME: Julia Brinning
14. NAME OF HUSBAND OR WIFE: Opal Gaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Opal Gaw Address: Keytesville, Mo.

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Don't Know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Don't Know
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. ☐ 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 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 Dec 18, 1961, to Dec 23, 1961 and last saw him alive on Dec 18, 1961
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl C. Heger (Degree or title) M.D.
22b. ADDRESS Keytesville Mo
22c. DATE SIGNED 12/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-26-1961
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Keytesville, Mo.

24. FUNERAL DIRECTOR H. D. Garrett ADDRESS Keytesville, Mo.
25. DATE RECD. BY LOCAL REG. 12-26-1961
26. REGISTRAR'S SIGNATURE Olive Spence, County

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1962

JAN 30 1962

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 _____ Signed H. D. Garrett
Signature of Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key Largo

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