MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036743
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 133

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0515
2 0510
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4 0
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12 4-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Johnson County Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Leeton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Emile Middle: Charles Last: Gauchat
4. DATE OF DEATH: Month: September Day: 18 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/5/84
9. AGE (last birthday): 79 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (City and state or country): Seneca, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unkown
13b. MOTHER'S MAIDEN NAME: Catherine Bourlier
14. NAME OF HUSBAND OR WIFE: Emma Burford Gauchat
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Emma Gauchat, Leeton, Missouri — Address

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) Acute Cardiac failure (Heart Block) — INTERVAL BETWEEN ONSET AND DEATH: 40 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia
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 9-9-63 to 9-18-63 and last saw her/him alive on 9-18-63
Death occurred at 11:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): R. Lee Cooper M.D.
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 9/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/21/63
23c. NAME OF CEMETERY OR CREMATORY: Greer Cemetery
23d. LOCATION (City, town, or county) (State): Johnson County Missouri
24. FUNERAL DIRECTOR ADDRESS: Sweeney-Phillips, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 19, 1963
26. REGISTRAR'S SIGNATURE: Savannah Centerfield

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1963

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 J Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg Mo

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.