

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. **34105**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California Waskie		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN California		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 06870			
3. NAME OF DECEASED (Type or Print) (First) ALBERT		(Middle) ARNOLD		(Last) GATSCHET		4. DATE OF DEATH (Month) (Day) (Year) Oct 16 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 6 - 1878	
9. AGE (In years last birthday) 76		10. MONTHS 11		11. DAYS 10		12. HOURS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Real Estate		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Janestown Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Gatschet		13b. MOTHER'S MAIDEN NAME Mary Jane ?		14. NAME OF HUSBAND OR WIFE Olda Gatschet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-07-6504		17. INFORMANT'S SIGNATURE OR NAME Wm Gatschet ADDRESS California Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis (b) thrombosis (c) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Instantaneous 5 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from death , to when first seen , that I last saw the deceased alive on 10-16-55 , and that death occurred at 4:12 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenyon Latham M.D. Carver		23b. ADDRESS California, Mo		23c. DATE SIGNED 10-16-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-1955		24c. NAME OF CEMETERY OR CREMATOR Masonic Cemetery		24d. LOCATION (City, town, or county) (State) California Mo	
DATE REC'D BY LOCAL REG. 10-18-55		REGISTRAR'S SIGNATURE J L Papey		25. FUNERAL DIRECTOR'S SIGNATURE Hugh E Williams ADDRESS California Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNION TO HELM TO MORVIE THE
HIND TO BACHTHEO CAGHAT

DEC 1 1958
FEB 1 1959

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 *Hugh E Williams*

Licensed Embalmer No. *35*

P. O. Address *California*

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.