

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 29 1951

State File No. **17413**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **21**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY MORGAN			a. STATE MISSOURI b. COUNTY. MORGAN		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Versailles		c. LENGTH OF STAY (in this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Versailles		0710
d. FULL NAME OF HOSPITAL OR INSTITUTION Van Buren Street			d. STREET ADDRESS (If rural, give location) Van Buren Street		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) DICK	b. (Middle)	c. (Last) GABRIEL	(Month) May	(Day) 15	(Year) 1951

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Dec. 17, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 4 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Executive	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Morgan Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME David Gabriel	13b. MOTHER'S MAIDEN NAME Dosia Stoddard	14. NAME OF HUSBAND OR WIFE Laura Gabriel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 440-09-5838	17. INFORMANT'S SIGNATURE OR NAME Laura Gabriel	ADDRESS Versailles, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia; #####		INTERVAL BETWEEN ONSET AND DEATH Don't know
	ANTECEDENT CAUSES Chronic myocarditis, arteriosclerosis		
	DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Apr 20, 1951, to May 15, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 8:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. F. Eckhoff, D.O.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 5-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 19 May 51	24c. NAME OF CEMETERY OR CREMATORY Highpoint Cemetery	24d. LOCATION (City, town, or county) (State) Moniteau Co., Mo.
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DATE REC'D BY LOCAL REG. May 21-1951	REGISTRAR'S SIGNATURE J. L. Wadburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kimmel	ADDRESS Versailles, Mo.
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U.O.-10 (Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48

710
1

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

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-28-51

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

Student Embalmer

Signed *Raymond C. Fisher*

Licensed Embalmer No. *4626*

P. O. Address *Wesley, m*

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 this body is not embalmed, fact should be so stated above.