MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1899
Do not use this space.

1. PLACE OF DEATH
(a) County Cape. Registration District No. 125
(b) Township or City Cape Girodeau Primary Registration District No. 3009 Registered No. 25
(c) (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Shelby C. Gosnell 254
(a) Residence, No. St. Dexter Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) marrie
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara C. Gosnell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1884
7. AGE YEARS 55 MONTHS 4 DAYS - If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute 2nd

FATHER
13. NAME Columbus Gosnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2nd

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unkn

17. INFORMANT (ADDRESS) Clara C. Gosnell Charter Oak, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter DATE 1-17 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral Home Dexter Mo.
20. FILED 1-15 1940 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15 1940
22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1939, to 1/15, 1940
I last saw him alive on 1/15, 1940. Death is said to have occurred on the date stated above, at 10:55A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyp. Prostate	
137	

Other contributory causes of importance:
Pyelonephritis
Name of operation Prostatectomy Date 1/11/40
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Virgil H. Welch, Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.