

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

5819
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 45
 (b) Township Milford Primary Registration District No. 5067
 (c) City..... (d) Street No..... Registered No.....
 (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: RONALD ALLEN GOSSETT
 (a) Residence, No. 230 Barton Co. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1940
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
1 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 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) Milford township Barton Co. Mo.
 FATHER 13. NAME Mike Gossett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown California
 MOTHER 15. MAIDEN NAME Martha Ellen Golden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co. Mo.
 17. INFORMANT (ADDRESS) Mrs Ben McCoy
 18. BURIAL, CREMATION, OR REMOVAL PLACE St James Cemetery DATE Feb-29 1940
 19. FUNERAL DIRECTOR (ADDRESS) Y. B. Blum & sons Shelbourn Mo.
 20. FILED Mar 9 1940 Elmer L. Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-27-1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1940, to Feb 27, 1940
 I last saw him alive on Feb 27, 1940 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Spiria Bifida Congenital Date of onset
Hydrocephalus Congenital
Talipes equinovarus Congenital
 Other contributory causes of importance: 1670
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no
 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? no
 If so, specify Thomas G. Luedtke, M. D.
 (Signed) Sheelou Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

RECEIVED

Health Officer No. 6,
Merice File Number 340-820
Date Filed MAR 13 1940

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beeny, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed
L. E. _____
No. _____ or by _____, Registered Apprentice No. 2385
working under my personal supervision.
Signed Carroll T. Beeny
Licensed Embalmer No. 2385

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.)