

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24953

State File No. _____

Registration District No. 212

Primary Registration District No. 3014

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Rhineland
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Benjamin John Gosen 257

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased November 23 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 16 hr. _____ min.

9. Birthplace Rhineland Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Soft Drink Parlor & Groceries

12. Name John Gosen

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Heisterkamp
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Gosen

(b) Address Rhineland, Missouri

17. (a) Removal (b) Date thereof 7/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhineland, Mo.

18. (a) Signature of funeral director Barton Baker

(b) Address Asheville, Mo.

19. (a) 7/12/40 (b) W. Bedford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1940 hour 7 minute 55 of M.

21. I hereby certify that I attended the deceased from July 18
1940, to July 19, 1940

that I last saw him alive on July 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to _____

Due to _____

Other conditions Perforated ulcers of the duodenum
(Include symptoms, signs, & date of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Bedford (M. D. or other) 1200

Address C. Mo. Date signed 7/12/40

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

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.....

D. B. Baker

Registered Apprentice No.....

working under my personal supervision.

Signed.....

D. B. Baker

Licensed Embalmer No.....

3375

P. O. Address.....

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