

FILED DEC 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38026

State File No.

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 110

1. PLACE OF DEATH

(a) County Cass
(b) City or town Cassillon (City)
(c) Name of hospital or institution:
(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 St. Louis
(c) City or town St. Louis Mo. 000
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1941 hour 5 minute 00 M.
21. I hereby certify that I attended the deceased from Nov 4 1941
to Nov 4 1941
that I last saw her alive on Nov 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma

Due to Toxic Thyroid Adenoma 3 mo.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 638
Of autopsy _____

Duration
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 R. Hamilton Stator (or other) hls
Address Cassillon Mo Date signed Nov 5 1941

3. (a) PRINT FULL NAME Ruby Stator Gocking
(b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 1 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Paul Gocking 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 8/10 22 1889
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 12 If less than one day hr. _____ min. _____

9. Birthplace De Witt MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ruby J. Stator
13. Birthplace Cass Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Cuning
15. Birthplace Cass Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant R. Stator
(b) Address Cassillon Mo

17. (a) Burial (b) Date thereof 11-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Adrian Cem

18. (a) Signature of funeral director W. H. Marshall
(b) Address Cassillon Mo

19. (a) 11-5-41 (b) John Harker
(Date received local registrar) (Registrar's signature)

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

130

82

RECEIVED

District Health Officer No. 8,

District File Number

Certificate Filed 12-3-41

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address. Corvallis, 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, fact should be so stated above.