V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14022

FILED MAY 8 1944

Registration District No. _____ Primary Registration District No. 5074 Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Irwin, Mollmion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Irwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: OLIVER Martin Gossett
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: Cora Smith Gossett
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: January (Month) 16 (Day) 1864 (Year)

8. AGE: Years 80 Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Jackson County (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business _____
FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) a (State or foreign country)
MOTHER
14. Maiden name: Singleton
15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Cora Gossett
(b) Address: Irwin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheldon, Mo.
18. (a) Signature of funeral director: O. B. Bean & Sons
(b) Address: Sheldon, Mo.
19. (a) 4-12-44 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1944 hour 8 minute 30 a.m.
21. I hereby certify that I attended the deceased from 4-20-43, 19__, to 4-11, 1944, that I last saw h. alive on 4-11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	
Due to: Rheumatic Heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 95 f
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: [illegible] (M. D. or other) D.O.
Address: Sheldon Date signed 4-11-44

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 544-554
Date Filed MAY 6 1944

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon 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.