

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20239

200

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

BIRTH NO. 124 REG. DIST. NO. 286 PRIMARY REG. DIST. NO. 5747 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MARQUENDE</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MARQUENDE</u>		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>A. C.</u> c. (Last) <u>GOZMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>6-27-1880</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MARQUENDE MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Geo. G. Whixenor</u>		13b. MOTHER'S MAIDEN NAME <u>CLARENCE CROOK</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CATH GOZMAN MARQUENDE MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>with hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>years</u> <u>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 7, 1944</u> , to <u>June</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Chas. H. ... Fredericktown</u>		23b. ADDRESS		23c. DATE SIGNED <u>6-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whixenor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>MARQUENDE MO</u>		
DATE REC'D BY LOCAL REG. <u>6-17-1949</u>	REGISTRAR'S SIGNATURE <u>Arnold Hicks</u>	19 <u>49</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHASMAN, Margaret</u>		

RECEIVED 6-24-49

District Health Officer No. 4

District File Number 649-831

Date Filed 6-24-49

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed L. Taylor Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Md

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.