

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1824

0690

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON, MO</u>	c. LENGTH OF STAY (In this place) <u>Life time</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>MARY-ELIZABETH</u> (Type or Print)		b. (Middle) _____ c. (Last) <u>GOSSETT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1950</u>	5. SEX <u>F</u>	6. COLOR OF RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>1/5 1867</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months <u>X</u> Days <u>2</u>	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Madison, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WARRON OWNBY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY OWNBY</u>	14. NAME OF HUSBAND OR WIFE <u>JNO GOSSETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BIRKIE TYDINGS STURGEN</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>N.K.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>Sept 2</u> , 19 <u>49</u> , to <u>1-7-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 15</u> , 19 <u>49</u> , and that death occurred at <u>11</u> P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>F.A. Bennett MD</u>		23b. ADDRESS <u>Paris, Mo.</u>	23c. DATE SIGNED <u>1-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Dunaway</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Monroe, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-22-50</u>	REGISTRAR'S SIGNATURE <u>Anne Margaret Burdett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Israel G. Thompson</u>	

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

RECEIVED

JAN 17 1950

District Health Officer No.

District File Number 1-50-1

Date Filed JAN 17 1950

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 _____

Fred G. Thompson

Licensed Embalmer No. 1430

P. O. Address Madison, 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.