

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4051

2130  
 3

BIRTH NO. _____		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 4063		Registrar's No. 6			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).					
a. COUNTY Caldwell		b. CITY (If outside corporate limits, write RURAL and give township) Hamilton		a. STATE Missouri		b. COUNTY Caldwell			
c. LENGTH OF STAY (In this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) King City		0130					
d. FULL NAME OF HOSPITAL OR INSTITUTION 132 1/2 N. Davis St				d. STREET ADDRESS (If rural, give location) No Street address					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) Annie		b. (Middle) C	c. (Last) Gottschell		(Month) July	(Day) 15	(Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-29-1869		9. AGE (In years last birthday) 80	Months 2	Days 16	Hours -	Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James Robison		13b. MOTHER'S MAIDEN NAME Mattie Cowan		14. NAME OF HUSBAND OR WIFE Wm S Gottschall					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Emery Gottschell Hamilton Mo					
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure -					24 hr.		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		DUE TO (b) Diabetes Mellitus.					10 yr.		
		DUE TO (c)					260X		
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis.					2.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) 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 Aug. 1948, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. W. Adams, M.D., D.				23b. ADDRESS Hamilton, Mo.		23c. DATE SIGNED 2/16/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY King City Care		24d. LOCATION (City, town, or county) (State) King City Mo			
DATE REC'D BY LOCAL REG. 2/16/1950		REGISTRAR'S SIGNATURE Gladys Jones 37		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert Howard Young King City Mo					

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Morris A. Brame

Licensed Embalmer No. 95718

P. O. Address. Hamilton, 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.