

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4207

32.00
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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>62</u> | | PRIMARY REG. DIST. NO. <u>4108</u> | | Registrar's No. <u>6</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> | | b. (Middle) <u>L</u> | | c. (Last) <u>Gothard</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 25, 1873</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> | | IF UNDER 2 HRS. Hours <u>17</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>Riley Gothard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown Ball</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>VERDA GOTTHARD</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>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Stafford, Parsons, Kans</u> | | | | ADDRESS <u>_____</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>Shot gun wound of abdomen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of prostate</u> 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>min.</u> <u>hrs.</u> <u>E976X</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) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stockton Cedar Mo.</u> | | | |
| 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? <u>Shot gun wound of abdomen</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9/19</u> , 19 <u>49</u> , to <u>1/21</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1/21</u> , 1950, and that death occurred at <u>3 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. B. Richter M.D.</u> | | | | 23b. ADDRESS <u>Stockton Mo.</u> | | 23c. DATE SIGNED <u>2/13/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 14, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stockton, Cedar, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-21-1950</u> | | REGISTRAR'S SIGNATURE <u>Geneva Harrison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantow</u> | | ADDRESS <u>Stockton, Mo.</u> | |

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

RECEIVED

District Health Officer No. 7,

District File Number 1-50-118

Date Filed 2-24-50

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 John A. Cantlon

Licensed Embalmer No. 4289

P. O. Address Stockton 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.