

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7465**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Kirksville</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>611 North Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Griffin Smith Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Gothard</u>	
c. (Last) <u>Gothard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 8, 1855</u>
9. AGE (In years last birthday) <u>95-5</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>7</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>Jodavis Co, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D.K. Gothard</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROOF</u>	
14. NAME OF HUSBAND OR WIFE <u>MINERA Cheek Gothard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edgar Gothard</u> ADDRESS <u>Kirksville, Mo. 611 N. Green</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urinary (prostate) hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic hypertrophy</u>		<u>sev yrs.</u>	
DUE TO (c) <u>Malnutrition</u>		<u>610 X</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition & Senile sclerosis</u>			
19a. DATE OF OPERATION <u>3-14-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cystoscopic to remove clots from bladder</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) (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>3-14</u> , 19 <u>50</u> , to <u>3-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at <u>8:55 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George E. Griffin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirksville, Missouri</u>	
23c. DATE SIGNED <u>3-15-50</u>		24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>	
24b. DATE <u>3-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirksville, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u> ADDRESS <u>Kirksville, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2013
0

RECEIVED MAR 28 1950 10
District Health Officer No. _____
District File Number 3-27-539
Date Filed MAR 28 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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clarence M. Bill

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.