

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16406

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>E MAIN ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E MAIN ST.</u>			

3. NAME OF DECEASED (Type or Print) Mrs Julia Arvilla Gould			4. DATE OF DEATH May 6 1950		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	8. DATE OF BIRTH Feb 14 1865	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co. Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours

13a. FATHER'S NAME <u>Henry Bumgarner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cuthip</u>		14. NAME OF HUSBAND OR WIFE <u>James Gould</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NON</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Effie Gould</u>	
(If yes, give year or dates of service)		NO		ADDRESS <u>Stanberry Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>several mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cachexia and malnutrition</u>		II. OTHER SIGNIFICANT CONDITIONS <u>senility</u>			447%
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>thrombophlebitis with ulceration of lower extremities</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>generalized arteriosclerosis with hypertension</u>			
Conditions contributing to the death but not related to the disease or condition causing death.					
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 Feb. 19, 1950, to 5/6, 1950, that I last saw the deceased alive on April 14, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Jackson M.D.</u>		23b. ADDRESS <u>Marionville</u>		23c. DATE SIGNED <u>5-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hwy 7 Bridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Stanberry Henry Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Lady A. Phillips</u>		24f. ADDRESS <u>Stanberry Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 18 - 1950</u>		REGISTRAR'S SIGNATURE <u>Edith Childs</u>		430	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48



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

~~working under my personal supervision.~~

Student
Student Embalmer

Signed

Leroy A. Phillips

Licensed Embalmer No.

1898

P. O. Address

Stonberry, 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.