

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32472

FILED OCT 9 1950

BIRTH NO. 55301-50 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>WEIGHT</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>M.T.N. GROVE</u> c. LENGTH OF STAY (In this place) <u>a few hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u> <u>1070</u> d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u> b. (Middle) <u>JAY</u> c. (Last) <u>GOULD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 17, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE ()</u>	8. DATE OF BIRTH <u>AUG. 16, 1950</u>
9. AGE (In years last birthday) <u>1</u> <u>7</u>		11. BIRTHPLACE (State or foreign country) <u>CABOOL, MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Willard L. Gould</u>	
13b. MOTHER'S MAIDEN NAME <u>Mildred Hubbell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Patsy Hubbell</u>		ADDRESS <u>Cabool, mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mal Nutrition</u> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>	
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>17 Sept, 1950</u>, to <u>17 Sept, 1950</u>, that I last saw the deceased alive on <u>17 Sept, 1950</u>, and that death occurred at <u>A. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Mountains Grove mo</u>	
23c. DATE SIGNED <u>18 Sept 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MUNGER CEMET.</u>	
24d. LOCATION (City, town, or county) (State) <u>M.T.N. GROVE, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>9-19-50</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	
348		25. FUNERAL DIRECTOR'S ADDRESS <u>[Address]</u>	

RECEIVED OCT 3 1950
WRIGHT CO. HEALTH DEPT.
County File Number 752-118
Date Filed October 7, 1950

RECEIVED SEP 21 1950
WRIGHT CO. HEALTH DEPT.
County File Number 752-118
Date Filed 9/21/50

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 _____

working under my personal supervision _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Lloyd V. Elliott
Licensed Embalmer No. 2252
P. O. Address Cabool

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.