

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36201**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1304

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (in this place) 27 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117

d. STREET ADDRESS (If rural, give location) 2508 No. 15th St.

3. NAME OF DECEASED (Type or Print)

a. (First) Emma b. (Middle) I. c. (Last) Gossett

4. DATE OF DEATH (Month) (Day) (Year) November 12, 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH November 13, 1903 **9. AGE** (In years last birthday) 46 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY** Own Home

11. BIRTHPLACE (State or foreign country) Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Van Agee **13b. MOTHER'S MAIDEN NAME** Nora Lamb **14. NAME OF HUSBAND OR WIFE** James E. Gossett Sr.

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.** 495-26-3863 **17. INFORMANT'S SIGNATURE OR NAME** James E. Gossett Sr. **ADDRESS** St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis

ANTECEDENT CAUSES DUE TO (b) Carcinoma; cervix uteri

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

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) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 11-10, 1950 **to** 11-12, 1950 **that I last saw the deceased alive on** 11-11, 1950 **and that death occurred at** 10:45A m. **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Harold J. Brennan, M.D. **23b. ADDRESS** St. Joseph, Mo. **23c. DATE SIGNED** 11-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Nov. 14, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Ashland Cemetery **24d. LOCATION** (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Nov. 22, 1950 **REGISTRAR'S SIGNATURE** Carl E. Casup **25. FUNERAL DIRECTOR'S SIGNATURE** Stoney Funeral Home **ADDRESS** St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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.

Signed Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.