

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14127
3639

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>910th Brookline St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Gosey</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-1-1881</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>James Gosey</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Hornsby</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Gosey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Gosey 910th Brookline St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Undetermined</u>	
DUE TO (c)		DUE TO (c) <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>137X</u>			
22. I hereby certify that I attended the deceased from <u>3-9</u> , 19 <u>51</u> , to <u>4-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>51</u> and that death occurred at <u>4:50p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Miss J. Thompson M.D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>4-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>4-19-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dale Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lenexa MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 18 1951 J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GUS LOWE 2930 Dickson St.</u>	

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

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 *Leroy W. Pannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.