

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19980  
Registrar's No. 83

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 0514

1. PLACE OF DEATH a. COUNTY <u>HENTY</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENTY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington Rt I</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington Rt I</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>M</u> c. (Last) <u>GOTSCHALK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 10, 1877</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTH <u>5</u> DAY <u>12</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific</u>	
11. BIRTHPLACE (State or foreign country) <u>FT FEETERMAN WYOMING</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Bob. Gottschalk</u>		13b. MOTHER'S MAIDEN NAME <u>Helen McClanahan</u>	
14. NAME OF HUSBAND OR WIFE <u>Mildred E. Gottschalk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred E. Gottschalk - Cheyenne</u>		ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>15 June, 1951</u> , to <u>22 June, 1951</u> , that I last saw the deceased alive on <u>15 June, 1951</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David H. Stern M.D.</u> (Degree or title)		23b. ADDRESS <u>Warren Mo</u>	
23c. DATE SIGNED <u>22 June 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 22, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SCHRODER FUNERAL HOME</u>		24d. LOCATION (City, town, or county) (State), <u>Cheyenne, Wyoming</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 22-1951</u>		REGISTRAR'S SIGNATURE <u>L. Florence Adams</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>		ADDRESS <u>Warren</u>	

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

RECEIVED

6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-25-51 \_\_\_\_\_

JUL 20 1951

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.

Student \_\_\_\_\_

Student Embalmer

Signed

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Wacasa

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.