No. 300
10.48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22283

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 196

0145
2

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 4 mos 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0142
d. STREET ADDRESS (If rural, give location): 502 E. 10th St.

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) R c. (Last) Gould

4. DATE OF DEATH (Month) (Day) (Year): July 22 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9 Jan 1889
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR Months 6 Days 13 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Raritan, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Gould
13b. MOTHER'S MAIDEN NAME: ~~Margaret~~ Jennie Fulton
14. NAME OF HUSBAND OR WIFE: Margaret Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs Walter R. Gould, ADDRESS: Fulton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal operation for duodenal diverticulum
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: July 19, 1951
19b. MAJOR FINDINGS OF OPERATION: Duodenal diverticulum 5721
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 March, 1951, *to* 22 July, 1951, *that I last saw the deceased alive on* 22 July, 1951, *and that death occurred at* 9 20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Hanks for G.S.W. M.D
23b. ADDRESS: Fulton, Mo
23c. DATE SIGNED: 22 July 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25-1954
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Fulton Mo

DATE REC'D BY LOCAL REG.: July 22-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 4x6
25. FUNERAL DIRECTOR'S SIGNATURE: Wallace Funeral Home ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 30 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.