

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27922

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>195</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph 0863</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly 0863</u>		d. STREET ADDRESS (If rural, give location) <u>416 East Carpenter</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 16 East Carpenter</u>				d. STREET ADDRESS (If rural, give location) <u>416 East Carpenter</u>					
3. NAME OF DECEASED (Type or Print) A. (First) <u>GLADYS</u> B. (Middle) <u>ETHELVN</u> C. (Last) <u>GONSER</u>			4. DATE OF DEATH (Month) <u>August</u> (Day) <u>18</u> (Year) <u>1951</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25-1899</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>High Bee Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles A. Truby</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia F. Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Gonsler</u>			_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Gonsler Moberly Mo.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitotate Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Ovary</u> 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 <u>15 mo.</u> <u>6 mo.</u>	
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) <u>175X</u>		_____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>July 17, 1951</u> , to <u>Aug 18, 1951</u> , that I last saw the deceased alive on <u>Aug 17, 1951</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. L. Fleming, Jr. M.D.</u>				23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>Aug 18 '51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Aug 20-51</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Williams</u>		ADDRESS <u>Snow Funeral Home Moberly Mo.</u>			

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

MAR 26

DEC 21 1961

DEC 21 1961

JUL 30 1953

Date Received: AUG 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-15-28
Date Filed: AUG 29 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

R. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.