

No. 300 FILED DEC 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36344

State File No. 85-0090

10.48

BIRTH NO. _____		REG. DIST. NO. 321		PRIMARY REG. DIST. NO. 5111		Registrar's No. 85-0090	
1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>BOLLINGER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LIBERTY TWP</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LIBERTY TWP</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR LUTESVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEAR LUTESVILLE</b>				d. STREET ADDRESS (If rural, give location) <b>NEAR LUTESVILLE</b>			
3. NAME OF DECEASED (Type or Print) <b>Wiley ELIZABETH GOHN</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>11-27-1951</b>		(Month)		(Day)		(Year)	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>11-6-1890</b>	9. AGE (In years last birthday) <b>61</b>	10. IF UNDER 1 YEAR Months <b>0</b> Days <b>21</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hwf.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>BOLLINGER Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN HILL</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SHELL</b>		14. NAME OF HUSBAND OR WIFE <b>H.P. GOHN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HENRY P. GOHN</b>		ADDRESS <b>LUTESVILLE Mo.</b>	
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) <b>Osteomyelitis, left maxilla, chronic</b>				INTERVAL BETWEEN ONSET AND DEATH <b>about 4 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>10-30-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Osteomyelitis, left maxilla, chronic.</b>				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? <b>7301</b>			
22. I hereby certify that I attended the deceased from <b>10-13, 1951</b> , to <b>11-24, 1951</b> , that I last saw the deceased alive on <b>11-24, 1951</b> , and that death occurred at <b>2 a.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. A. Reynolds M.D.</b> (Degree or title)				23b. ADDRESS <b>Cape Girardeau, Mo.</b>		23c. DATE SIGNED <b>12-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-29-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DON GOLA CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>DON GOLA Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 7, 1951</b>		REGISTRAR'S SIGNATURE <b>Hellie O'Connell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b>		ADDRESS <b>LUTESVILLE Mo.</b>	

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

090-1-1951  
Virginia  
Gardland A.

RECEIVED

DEC 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

1951 11 13

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, W. Va.

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.