

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43751

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. ~~308-331~~ PRIMARY REG. DIST. NO. 6162 Registrar's No. 3358

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD #1</b>		d. STREET ADDRESS (If rural, give location) <b>RFD #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>BODICE</b> c. (Last) <b>GOSCHE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 9-1951</b>		
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5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>7-2-1864</b>		9. AGE (In years last birthday) <b>87</b> 10. IF UNDER 1 YEAR Days <b>5</b> 11. IF UNDER 6 HRS. Hours <b>7</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>NEW HAMBURG MO</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>MITE GOSCHE</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE DOROGNE</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCIS GOSCHE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Leo Frank Chaffee Mo.</b> ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Senility</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb. 15 1951 to Dec. 9 1951, that I last saw the deceased alive on Dec. 8, 1951 and that death occurred at 9 P m., from the causes and on the date stated above.

22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Illmo, Mo.</b>		23c. DATE SIGNED <b>12-10-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. LAWRENCE</b>		24d. LOCATION (City, town, or county) (State) <b>NEW HAMBURG MO</b>	
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DATE REC'D BY LOCAL REG. <b>Dec-27-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 26 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1251-28

**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

*C. J. Lorberg*

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.