

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12423

State File No. ....

MAY 5 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3066 Registrar's No. 110

1. PLACE OF DEATH  
 a. COUNTY Cole  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City  
 c. LENGTH OF STAY (in this place) 4 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 109 1/2 W-High

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Cole  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 6264  
 d. STREET ADDRESS (If rural, give location) 109 1/2 - W-High

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) Elsie Elizabeth b. (Middle) Dooley c. (Last) Gosney

4. DATE OF DEATH (Month) (Day) (Year)  
April 24 - 1952

5. SEX Female  
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 4, 1893

9. AGE (in years last birthday) 58  
 IF UNDER 1 YEAR: Months 10 Days 20  
 IF UNDER 1 MIN. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Russellville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hodges

13b. MOTHER'S MAIDEN NAME Sarah (unknown)

14. NAME OF HUSBAND OR WIFE Jasper Gosney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Felix Dooley J. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Internal Hemorrhage  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Inoperable Carcinoma  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, edema

INTERVAL BETWEEN ONSET AND DEATH  
1 wk  
Probably 2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 Feb 16, 1952, to Apr. 24, 1952; that I last saw the deceased alive on Apr. 23, 1952, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William C. Cox M.D.

23b. ADDRESS 125 E. High St. Jeff. City, Mo.

23c. DATE SIGNED 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 26, 1952

24c. NAME OF CEMETERY OR CREMATORY River View

24d. LOCATION (City, town, or county) (State) Cole County Mo.

DATE REC'D BY LOCAL REG. May 3 - 1952  
 REGISTRAR'S SIGNATURE R.P. Darris M.D. COR

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home 520 Jefferson

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

# 264

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. H. Mulvan*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address Jamaica

**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.