

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4716** Registrar's No. **34**

600
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1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Pack Community	
c. LENGTH OF STAY (in this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) Rural 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED a. (First) Edward b. (Middle) Daniel c. (Last) Gossman			4. DATE OF DEATH (Month) (Day) (Year) 4-16-52	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-24-1872	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Emmettsburg Iowa	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mammie E. Gossman	

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 Mrs. M.R. White Noel Mo. 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis DUE TO (c) _____		2 year
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 4-14	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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 _____

22. I hereby certify that I attended the deceased from **4/11/52**, 19**52**, to **4/16**, 19**52**, that I last saw the deceased alive on **4/16**, 19**52**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. L. Fountain D.O.	23b. ADDRESS Noel, Mo	23c. DATE SIGNED May 12, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-20-52	24c. NAME OF CEMETERY OR CREMATORY LEE	24d. LOCATION (City, town, or county) (State) GRAVETTE ARK.
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DATE REC'D BY LOCAL REG. 5-14-52	REGISTRAR'S SIGNATURE Mayme Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE H. M. Humphrey ADDRESS Noel Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Mayme E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.