

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30871

State File No.

XC-244 61 29
RN 2737
SUBJECT 15 1952

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff <u>0124</u>	
c. LENGTH OF STAY (In this place) 21 da		d. STREET ADDRESS (If rural, give location) 2115 N. Main Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) B. c. (Last) GOMER			4. DATE OF DEATH (Month) (Day) (Year) 10-3-52		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7-30-73		9. AGE (In years last birthday) 79		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Jackson, Tennessee	

13a. FATHER'S NAME John D. Gomer		13b. MOTHER'S MAIDEN NAME Mary V. Brown		14. NAME OF HUSBAND OR WIFE Janie M. Gomer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SPAW		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records 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, ashenia, 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 Occlusion		DUE TO (b) Generalized arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Prostate Hypertrophy					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 9-25-52		19b. MAJOR FINDINGS OF OPERATION Transurethral resection				20. AUTOPSY? YES <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 VA attended the deceased from Sept. 12, 1952 to Oct. 3, 1952, ~~and that death occurred at~~ 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Y. DeLaney, M.D., Chief Surgeon</u> (Degree or title)		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.		23c. DATE SIGNED 10-3-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/6/1952		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
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DATE REC'D BY LOCAL REG. 10-6-52		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Cray + Fitch</u> ADDRESS Poplar Bluff, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 14 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052-504

OCT 16 1952

FEB 19 1958

DEC 1 1961

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Capton Bluff 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.