

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2013
State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 10

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EUGENE</u> <u>0660</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LONG NURSING HOME</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>ROY</u> c. (Last) <u>GOSNEY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22, 1953</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>OCT. 2, 1889</u> |
| 9. AGE (In years last birthday) <u>63</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>CALLOWAY Co. Md.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>ROBT. R. GOSNEY</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>MARYBELLE DAWSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>IRENE GOSNEY</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Irene Gosney</u> ADDRESS <u>Eugene</u> |
| 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) <u>arterio-sclerosis</u> 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 _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4500 | |
| 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 <u>1-1-1953</u> , to <u>1-22-1953</u> , that I last saw the deceased alive on <u>1-22-1953</u> , and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R. E. Farrell</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Lebanon Mo.</u> | |
| 23c. DATE SIGNED <u>1-23-53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>Jan. 25-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>EUGENE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>EUGENE Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Eugene</u> | |
| DATE REC'D BY LOCAL REG. <u>1-26-1953</u> | | REGISTRAR'S SIGNATURE <u>Albela L. May</u> | |

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

532
4

FEB 17 1953

FEB 2 1953

Received

Eschsch County Health Unit

File No.

2-53-14

FEB 9 1953

Date Filed

FEB 11 1953

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

Louis H. Phillips

Licensed Embalmer No.

3663

P. O. Address

Eschsch

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.