

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4699

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 1 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville R. F. D. 2		2010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS (If rural, give location) R. F. D. #2			
3. NAME OF DECEASED (Type or Print)		a. (First) Francis		b. (Middle) Marion		c. (Last) Gosser	
4. DATE OF DEATH		Feb. 22, 1953		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 5, 1890		9. AGE (in years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Saw Mill		11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion B. Gosser		13b. MOTHER'S MAIDEN NAME Elizabeth R. Hart		14. NAME OF HUSBAND OR WIFE Edna Pearl Rummerfield			
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Pearl Gosser, Kirksville			
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) Coronary Occlusion 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. 4201				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Feb. 21, 1953, to Feb 22, 1953, that I last saw the deceased alive on 2-22, 1953, and that death occurred at 6:00 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. O. Stickler MD				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 2-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-53		24c. NAME OF CEMETERY OR CREMATORY Queen City		24d. LOCATION (City, town, or county) (State) Queen City, Mo.	
DATE REC'D BY LOCAL REG. 2-24-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Riley		ADDRESS Kirksville Mo.	

(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

Richard H. Randall

Licensed Embalmer No. *4866*

P. O. Address *Vicksburg, Ms*

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.