

LED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9650

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY OR TOWN WEST PLAINS Rural		c. LENGTH OF STAY (In this place) 5 yrs	
c. CITY OR TOWN WEST PLAINS, MISSOURI		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		e. STREET ADDRESS RFD 3	
3. NAME OF DECEASED (Type or Print) KENNETH WAYNE GOTT		4. DATE OF DEATH (Month) (Day) (Year) 2-15-53	
a. (First)	b. (Middle)	c. (Last)	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD 0	8. DATE OF BIRTH 5-2-1946
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	11. BIRTHPLACE (State or foreign country) WEST PLAINS, MISSOURI
10a.		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME J. S. GOTT		13b. MOTHER'S MAIDEN NAME SYBIL KARR	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. S. GOTT, WEST PLAINS, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			INTERVAL BETWEEN ONSET AND DEATH 5 7/10
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neuroblastoma			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Hydro-nephrosis? Appendicitis? Cerebral Disease?			
19a. DATE OF OPERATION 9-7-52			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Chronic appendicitis Neuroblastoma			
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) m.		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>9-7-</u> , 19 <u>52</u> , to <u>2-15</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:24 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE Wm. Beach (Degree or title)		23b. ADDRESS 609 Cherry - Springfield Mo	23c. DATE SIGNED 3-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 2-17-53	24c. NAME OF CEMETERY OR CREMATORY UNION GROVE
24d. LOCATION (City, town, or county) (State) WEST PLAINS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MISSOURI	
DATE REC'D BY LOCAL REG. 3-17-53		REGISTRAR'S SIGNATURE Beatrice Cook	

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

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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

A. A. Roberts

Licensed Embalmer No. *3432*

P. O. Address *West Plains*

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.