

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27476

State File No.

No. 300
10.48

FILED JUL 22 1953

BIRTH NO. REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSTON</u>		c. LENGTH OF STAY (in this place) <u>16425</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSTON</u> <u>1070</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walu</u> b. (Middle) <u>B</u> c. (Last) <u>GOSLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 4 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Wilkie Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Shields</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Milsap</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Gholin Houston Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cerebral-Vascular Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive Arteriosclerosis</u> <u>Pneumonia Valvular Heart Disease</u> DUE TO (b) <u>Grade IV</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>416x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>June 5, 1948</u> , to <u>July 2, 1953</u> , that I last saw the deceased alive on <u>July 2, 1953</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. Durbin</u>		23b. ADDRESS <u>Houston Mo</u>	
23c. DATE SIGNED <u>7/13/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>	
24d. LOCATION (City, town, or county) (State) <u>Houston Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott Funeral Home Houston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 15-53</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> <u>327</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1958

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.