

STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1953

REG. DIST. NO. 32-35-1 PRIMARY REG. DIST. NO. 4492 Registrar's No. 32

200  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>ORAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ORAN</b> 1000 0	
c. LENGTH OF STAY (In this place) <b>4 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ORAN</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>AUGUST</b> c. (Last) <b>GOSCHE</b>	
4. DATE OF DEATH <b>SEPT. 29 1953</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCTOBER 19 1869</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>NEW HAMBURG MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN GOSCHE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANNE DOHOGNE</b>	
14. NAME OF HUSBAND OR WIFE <b>SUSANNE GOSCHE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE GOSCHE</b>		ADDRESS <b>ORAN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
11. 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: <b>4214</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (City, town or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) <b>COURT</b> (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 <b>1952</b> , to <b>9/29, 1953</b> , that I last saw the deceased alive on <b>9/25, 1953</b> , and that death occurred at <b>9:00P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. P. Chinc MD</b> (Degree or title)		23b. ADDRESS <b>Oran Mo</b>	
23c. DATE SIGNED <b>9/30/53</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/3/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>OLD GUARDIAN ANGELS</b>		24d. LOCATION (City, town, or county) (State) <b>ORAN MO.</b>	
DATE REC'D BY LOCAL REG. <b>10-2-53</b>		REGISTRAR'S SIGNATURE <b>445-0 Mrs. Fred B...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>		ADDRESS <b>ORAN, MO</b>	

OCT 5 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053.228

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

Earl J. Smith

Student Embalmer No.

491

working under my personal supervision.

Student

Paul J. Smith  
Student Embalmer

Signed

Earl J. Smith

Licensed Embalmer No.

2676

P. O. Address

Oren, 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.