

No. 300
10.48

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14834**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Nevada
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		f. STREET ADDRESS (If rural, give location) 805 N. Oak	

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND	b. (Middle) HOWARD	c. (Last) GOULD	4. DATE OF DEATH (Month) (Day) (Year) May 29 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 28 1902
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR 6 Months	IF UNDER 24 HRS. 1 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tire dealer - Retired		10b. KIND OF BUSINESS OR INDUSTRY Tires & Repairing	11. BIRTHPLACE (City and State or Foreign Country) Burke, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Charles A. Gould	13b. MOTHER'S MAIDEN NAME Mattie Mitchell	14. NAME OF HUSBAND OR WIFE Thelma Lee Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-38-9662	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Gould, Nevada, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH 6 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophagus hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Liver cirrhosis 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"/>
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) LAMAR Barton Mo
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 **Jan 1952**, 19____, to **May 29**, 1954, that I last saw the deceased alive on **May 29**, 1954, and that death occurred at **9:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE D.R. Guldreer M.D. (Degree or title)	23b. ADDRESS LAMAR	23c. DATE SIGNED 6-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 2 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery
24d. LOCATION (City, town, or county) (State) Lamar, Missouri		

DATE REC'D BY LOCAL REG. JUN 2 - 1954	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 15 1955

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.....
Signature of Student Embalmer

Signed..... *Paul F. Kenantz*

Licensed Embalmer No..... 22

P. O. Address..... Lamar, Missou

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.