

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City 0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>621 East Cleveland</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Gosney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/21/1870</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>1</u>	11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Charlie Gosney</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Howe</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Gosney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mac Gosney</u> ADDRESS <u>Hannibal Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Blending Peptic Ulcer</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Blending Peptic Ulcer</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5400</u>	
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>Oct. 8</u> , 19 <u>54</u> , to <u>Oct. 19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>54</u> , and that death occurred at <u>7:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jan Canella M.D.</u> (Degree or title)		23b. ADDRESS <u>907 Belmont</u>	
23c. DATE SIGNED <u>10/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/9/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence View</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby Co Mo</u>
DATE REC'D BY LOCAL REG. <u>10-15-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	199-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold</u> ADDRESS <u>Monroe City</u>

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

EST 2 1 1954

RECEIVED

MARION CO. HEALTH DEPT.

EST 2 1 1954

DATE FILED

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

Nancy Turner

Licensed Embalmer No. 3720

P. O. Address. Monroe City

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.