

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36648
Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 Harper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.
d. STREET ADDRESS (If rural, give location) 307 Harper

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) Gotthart c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 10, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Sept. 18, 1878

9. AGE (In years last birthday) 76

10. UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salamanca, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Gotthart

13b. MOTHER'S MAIDEN NAME Margaret Cornhauser

14. NAME OF HUSBAND OR WIFE Nnone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Family records

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound head
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E976 X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10-1954 4 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Grover D. Greer, Coroner

23b. ADDRESS Poplar Bluff, Mo.

23c. DATE SIGNED Nov 13-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-12-54

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE/REC'D BY LOCAL REG. 11/14/54

REGISTRAR'S SIGNATURE 489 R. H. Muehle

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.

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

RECEIVED
NOV 22 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Ernest W. Wheeler

Signed _____
Student Embalmer

Licensed Embalmer No. *29604*

P. O. Address _____
29604

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.