

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38338

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville-Spencer Sup</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. South Curryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. West Curryville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>BRIAN</u> c. (Last) <u>GOSNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 7, 1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 10 Wks. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Road Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Morehouse, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ura C. Gosnell</u>	13b. MOTHER'S MAIDEN NAME <u>Dove Elsie Gontor</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Gosnell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY <u>493 01 9579</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Gosnell, Curryville, Mo.</u>	ADDRESS
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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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries received when he was struck by an auto driven by C.C. Tippett in a careless and reckless manner</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>stroke</u> DUE TO (c) <u>CC Tippett in a careless and reckless manner</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8124 25-</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Verdict of Coroner jury</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE-HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 64</u>	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Curryville Pike Pike Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov 11 54 310 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>see above</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on Nov 11, 1954, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. O. Mudd Coroner</u>	23b. ADDRESS <u>Bowling Green Mo</u>	23c. DATE SIGNED <u>Nov 17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 14, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clement</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clement Mo.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 26 1954</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Mudd</u>	ADDRESS <u>Bowling Green, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1955

JUN 14 1955

DEC 14 1954

NOV 26 1954

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.....
Student Embalmer

Signed.....

James C. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Bawling Green*

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.