

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4122**

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>116</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u> township)		c. LENGTH OF STAY (in this place) <u>1 1/2 Yr</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				STREET ADDRESS (If rural, give location) <u>222 a S Independence.</u>				<u>01640</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u>			b. (Middle) <u>Ethel</u>		c. (Last) <u>Goss</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 10 1897</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 11 HRS. <u>58</u> Months Days Hours Min. <u>1 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Wiseman</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Schuette</u>			14. NAME OF HUSBAND OR WIFE <u>Sam Goss St. Louis Mo.</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Stella White Cape Girardeau Mo.</u>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus with metastasis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>174X</u>							
19a. DATE OF OPERATION <u>m</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma was inoperable</u>						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)					
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 <u>11-21, 1954</u> , to <u>2-13, 1955</u> , that I last saw the deceased alive on <u>2-12, 1955</u> , and that death occurred at <u>9:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. A. Ritter, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>2-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>			
DATE REC'D BY LOCAL REG <u>2-16-55</u>		REGISTRAR'S SIGNATURE <u>W. H. Estes</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>W. H. Estes Cape Gir. Mo.</u>					

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 *E. H. Estes* .....

Licensed Embalmer No. *35* .....

P. O. Address *Osage Co* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.