

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15294

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4224</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Forest City</u>		d. In 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				e. STREET ADDRESS (If rural, give location) <u>0440</u>					
3. NAME OF DECEASED a. (First) <u>John</u>			b. (Middle) <u>Jay</u>		c. (Last) <u>Gould</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>25</u> (Year) <u>1955</u>		
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>Feb. 14, 1886</u>		9. AGE (In years last birthday) <u>69</u> 10. UNDER 1 YEAR <u>Days</u> 11. UNDER 1 HR. <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fillmore, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Gould</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Crockett</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel Ross Gould</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 <u>493-14-5352 NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Gould Forest City, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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. <u>Hemorrhages 2 yrs ago and 5 yrs ago.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) 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>JUNE</u> , 19 <u>50</u> , to <u>MAY 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>MAY 24</u> , 19 <u>55</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. H.E. Collins</u>				23b. ADDRESS <u>D.O. Oregon Mo.</u>			23c. DATE SIGNED <u>5/26/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/29/55</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		469- 25. FUNERAL DIRECTOR'S SIGNATURE <u>James J. Pettigrew</u>		ADDRESS <u>Oregon 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 *James H. Pettigrew*
Licensed Embalmer No. *318*
P. O. Address *Oregon*

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