

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23784

FILED AUG 2 - 1955

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5421

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Kirkville	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 109 East Buchanan St.,	
3. NAME OF DECEASED (Type or Print) a. (First) STEWART		b. (Middle) JARRETT	
c. (Last) GOTSCHELL		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1900
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY C. B. & Q. RR.	
11. BIRTHPLACE (City and State or Foreign Country) Coffey, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Worth Gotschall		13b. MOTHER'S MAIDEN NAME Arizona Murphy	
14. NAME OF HUSBAND OR WIFE Caroline Gotschall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No Nil	
16. SOCIAL SECURITY NO. 707-09-7817		17. INFORMANT'S SIGNATURE OR NAME Caroline Gotschall, Kirkville, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung with metastases		DUE TO (b)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 163x			
22. I hereby certify that I attended the deceased from 4-24- , 19 55 , to 6-20- , 19 55 , that I last saw the deceased alive on 6-20- , 19 55 , and that death occurred at 11:15P m., from the causes and on the date stated above.			
23a. SIGNATURE C. C. Vermillion, M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 6-21-55			
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 6-21-55	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
DATE REC'D BY LOCAL REG. JUN 22 1955		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

AUG 2 1956

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 *Elmo R. Padwell*.....

Licensed Embalmer No. 407.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.