

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25565

State File No. \_\_\_\_\_

No. 300  
-20.48

FILED SEP 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4602 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creighton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creighton Mo. 64000</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Alice</u> c. (Last) <u>Gosch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> . <u>5</u> . <u>1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> _____	
8. DATE OF BIRTH <u>Jan. 24-1868</u>		9. AGE (In years last birthday) <u>87</u>		10. MONTHS _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. HOURS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____	

13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Collins</u>		14. NAME OF HUSBAND OR WIFE <u>William W. Gosch</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Creighton Mo. Mrs. Leona Gregory, Mrs</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. diac Failure</u>		DUE TO (b) _____			<u>3 hrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

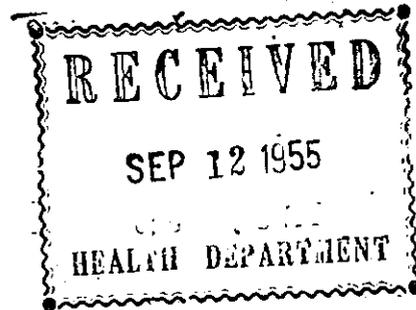
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from Sept 11, 1955, to Sept 5, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 10:25 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Patricia M. ...</u> (Degree or title) _____		23b. ADDRESS <u>Green City</u>		23c. DATE SIGNED <u>9/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>9-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grinch Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>Sept 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Barwood</u> 45706		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u> ADDRESS <u>Grinch, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 .....  
Student Embalmer

Signed R. R. Kenney,

Licensed Embalmer No. 3099

P. O. Address Plaster, Md

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.