

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29018**

BIRTH NO. **48346-55** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **983**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 811 Parker Street	

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) JOSEPH c. (Last) GOSSETT			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH August 25, 1955		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 13 Days 13 IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri	
13a. FATHER'S NAME Ellis E. Gossett			13b. MOTHER'S MAIDEN NAME Dorla Harris		14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellis E. Gossett St. Joseph, Mo.		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure and peripheral circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES DUE TO (b) High jejunal intestinal obstruction due to adhesions DUE TO (c) Congenital omphalocele with complete eversion of small intestine		3-4 days 12 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital malrotation and malformation of colon			13 days

19a. DATE OF OPERATION a. 8-25-55 b. 9-6-55		19b. MAJOR FINDINGS OF OPERATION f.c. present at birth - urgency immediate operations repair. 1B. op. on 9-6-55		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) 7562	
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 **8-25, 1955**, to **9-7, 1955**, that I last saw the deceased alive on **9-7, 1955**, and that death occurred at **5:20P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Thompson P. Potter		(Degree or title) M.D.		23b. ADDRESS 731 Faxon St. St. Joseph 54, Mo.		23c. DATE SIGNED 9-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	

DATE REC'D BY LOCAL REG. Sept 14, 1955		REGISTRAR'S SIGNATURE Locher M. Allison		GENERAL DIRECTOR'S SIGNATURE James L. Jurel		ADDRESS St. Joseph, Mo.	
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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.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4672*.....

P. O. Address *St. Joseph*.....

**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.**