

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 3-1955

State File No. **29356**

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Warrens</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warrens</u>	
b. CITY OR TOWN <u>Jamesport</u>		c. CITY OR TOWN <u>Jamesport</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		e. STREET ADDRESS (If rural, give location) <u>0316</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>IRA</u>	a. (First)	b. (Middle) <u>L.</u>	c. (Last) <u>GOTT</u>	4. DATE OF DEATH <u>Sept 18 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22-1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert Gott</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Miles</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Baldwin Gott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elva Gott</u>	ADDRESS <u>Jamesport, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>446X</u>		
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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 4, 1955, to Sept 18, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. H. Haulers</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Trenton - Mo</u>	23c. DATE SIGNED <u>9-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 20 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-27-55</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Roberson</u>	ADDRESS <u>Jamesport, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
2370
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 *Q. L. Peterson*.....

Licensed Embalmer No. *324*

P. O. Address *Jamesport*.....

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.