

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39976

State File No.

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ray.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Excelsior Springs</u>)	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Henrietta</u>	d. Is 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 <u>Excelsior Springs Hospital</u>		STREET ADDRESS (If rural, give location) <u>Street not listed</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>	a. (First) <u>ROBERT</u>	b. (Middle) <u>N.</u>	c. (Last) <u>GOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 19, 1955</u>
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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>November 15, 1897</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>4</u>	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Merchandising</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henrietta, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert H. Gott</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Roach</u>	14. NAME OF HUSBAND OR WIFE <u>Nelle (Lawler) Gott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War #1</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nelle Gott, Henrietta, Missouri</u>	ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant</u> DUE TO (c) <u>Ascites</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>158X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m. _____	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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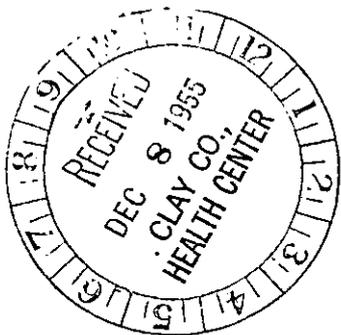
22. I hereby certify that I attended the deceased from Oct 1 - 1955 and that death occurred at 9:50 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. S. Gray M.D.</u>	23b. ADDRESS <u>2123 S. Chamberlain St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>11-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or locality) (State) <u>Richmond, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12/13/55</u>	REGISTRAR'S SIGNATURE <u>Baroline Stuchlik</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>W. L. Lyle</u> ADDRESS <u>2123 S. Chamberlain St. St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 6 1956

DEC 10 1955

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 *George J. Hill*.....
Licensed Embalmer No. 406

P. O. Address *Pickman*.....

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.