

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9972

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4881</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hopkins</u>)		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Hopkins</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Luther</u>		b. (Middle) <u>Evan</u>		c. (Last) <u>Gould</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12, 1956</u>		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>Oct. 30, 1892</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 MOS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Phillips County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence D. Gould</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanette Creighton</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Gould</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>511 12 2579</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lillian Gould, Hopkins, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Carcinoma of lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) <u>163x</u>			
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 <u>Nov 1, 1955</u> to <u>3/12, 1956</u> that I last saw the deceased alive on <u>3/11, 1956</u> and that death occurred at <u>6 a. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>C. M. D.</u> (Degree or title)				23b. ADDRESS <u>Hopkins Mo</u>		23c. DATE SIGNED <u>3/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-56</u>		REGISTRAR'S SIGNATURE <u>Bess L. Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>		ADDRESS <u>Hopkins, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300

48

MAR 13 1957

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 Myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley S. Sorenson.....
Licensed Embalmer No. 396

P. O. Address Hopkins

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.