

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon, Mo Rt. # 4</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>	c. CITY OR TOWN <u>Lebanon, Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>None. Rural Rt # 4</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton.</u> b. (Middle) <u>Clark</u> c. (Last) <u>Gouge</u>		4. DATE OF DEATH (Month) <u>4/</u> (Day) <u>21</u> (Year) <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Jan 7, 1875</u>
9. AGE (In years last birthday) <u>81</u>		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days
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>None.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Granvill, Elston Gouge</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Craft.</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Ann Woolsey.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Mooney</u>		ADDRESS <u>Lebanon, Mo Rt # 4</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>5/31, 1956</u> to <u>12-13, 1955</u> , that I last saw the deceased alive on <u>12-13, 1955</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. H. Johnson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lebanon, Missouri</u>	
23c. DATE SIGNED <u>4-23-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/23/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stevens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo, Rural</u>	
DATE REC'D BY LOCAL REG. <u>4-23-1956</u>		REGISTRAR'S SIGNATURE <u>Hella S. Gray</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedger Funeral Home</u>		ADDRESS <u>Stoutland, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received... 4-30-56 .....  
Laclede County Health Unit  
File No. 75 .....  
Date Filed 4-30-56 .....

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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 Clarence Pross .....

Licensed Embalmer No. 489

P. O. Address Waynesville

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.