

FILED MAY 8 1956

## STANDARD CERTIFICATE OF DEATH

15312

State File No. ....

BIRTH NO. 12503-56 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPT</u>			d. STREET ADDRESS (If rural, give location) <u>10<sup>th</sup> St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRI</u> b. (Middle) <u>CHARLENE</u> c. (Last) <u>GOSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>	8. DATE OF BIRTH <u>FEB 14 1956</u>		9. AGE (In years last birthday) <u>7</u> <small>IF UNDER 1 YEAR Days</small> <u>7</u> <small>IF UNDER 24 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NEVADA Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES E GOSE</u>		13b. MOTHER'S MAIDEN NAME <u>TERRY SUE WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles E Gose Milo 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Capillary bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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>7730</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>2/14</u> , 1956, to <u>2/21</u> , 1956, that I last saw the deceased alive on <u>2/21</u> , 1956, and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Jones M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>2/22/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 23-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milo</u>	24d. LOCATION (City, town, or county) (State) <u>VERNON Mo</u>		
DATE REC'D BY LOCAL REG <u>5-1-1956</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. Bernard Bury Sheldon Mo</u>	

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 .....  
Student Embalmer

Signed

*J. Bernard Bung*

Licensed Embalmer No. *4161*

P. O. Address *Sheldon ms*

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 this body is not embalmed, fact should be so stated above.