

Dr Goss E

STANDARD CERTIFICATE OF DEATH

23427

STATE FILE NUMBER

FILED AUG 13 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 719

00 56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in 1b		d. STREET ADDRESS 719 N. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Geraldine Middle Last Stout				4. DATE OF DEATH Month Aug. Day 5, Year 1956.						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 21 1919		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Christian County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Ben Woods				14. MOTHER'S MAIDEN NAME Grace Pope						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Ben Woods			Address Springfield, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound rt. groin DUE TO (b) Division femoral artery + vein DUE TO (c) irreversible shock & hemorrhage. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot by husband						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m. 8-5-56			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene Co Mo	
21. I attended the deceased from 8-5-56 to 8-5-56 and last saw her/him alive on 8-5-56 Death occurred at 8:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Robert J. Gore (Degree or title) M.D.				22b. ADDRESS Professional Bldg. S. 7th Mo				22c. DATE SIGNED 6-Aug-1956		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-9-56		23c. NAME OF CEMETERY OR CREMATORY Maple Park		23d. LOCATION (City, town, or county) (State) Springfield, Mo.				
24. FUNERAL DIRECTOR H. H. Lohmeyer ADDRESS Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 8-9-56		26. REGISTRAR'S SIGNATURE Edith Williams				

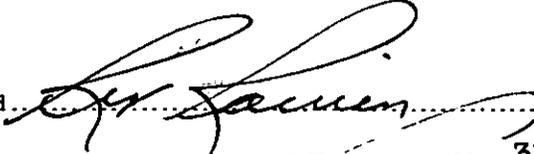
(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 33

P. O. Address Springfield

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.