

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25725

State File No.

FILED JUN 26 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ADVANCE</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ADVANCE</u>		1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ADVANCE, MISSOURI</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>MARYETTA</u>			a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>GOBBLE</u>		
4. DATE OF DEATH <u>JUNE 3, 1956</u>		Month		Day		Year			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 25, 1874</u>			
9. AGE (in years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 100 HOURS Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>JOEL ABERNATHY</u>		13b. MOTHER'S MAIDEN NAME <u>EMALINE EAKER</u>		14. NAME OF HUSBAND OR WIFE <u>KING ANDERSON GOBBLE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>M</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KING ANDERSON GOBBLE</u>				ADDRESS <u>ADVANCE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Senility</u>							
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
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 _____, 1938, to <u>June 3</u> , 1956, that I last saw the deceased alive on <u>June 1</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. C. Masters</u>				(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>June 10, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/5/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER Co. Mem. Pk. BOLLINGER Co. Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>June 22, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Luper L. Crader</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. L. L. S. Mangus</u>				
					ADDRESS <u>Advance Mo.</u>				

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 W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo

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.