

FILED SEP 4 1956

## STANDARD CERTIFICATE OF DEATH

26233

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 394

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (In this place) <b>8 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ORAN</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>					
3. NAME OF DECEASED (Type or Print), a. (First) <b>IDA</b> b. (Middle) <b>LUCY</b> c. (Last) <b>GOSCHE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 23 1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 18 1886</b>	9. AGE (In years last birthday) <b>70</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>NICK DANNENMUELLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY STIKES</b>		14. NAME OF HUSBAND OR WIFE <b>TONY GOSCHE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>TONY GOSCHE</b>	ADDRESS <b>ORAN, MO.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>?</b>
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) <b>4201</b>			
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 <b>Aug. 16, 1956</b> , to <b>Aug. 23, 1956</b> , that I last saw the deceased alive on <b>Aug. 23, 1956</b> , and that death occurred at <b>6:55A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Charles F. Wilson M.D.</b>		(Degree or title) (23b. ADDRESS <b>714 Broadway Cape Girardeau Mo</b> )		23c. DATE SIGNED <b>8-27-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>AUG. 25 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW GUARDIAN ANGEL</b>	24d. LOCATION (City, town, or county) (State) <b>ORAN MO.</b>		
DATE REC'D BY LOCAL REG. <b>8-29-56</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl J. Smith</b>	ADDRESS <b>ORAN, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1958

1007  
OCT 4 1958

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl J. Smith*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3676*

P. O. Address *Orem, 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.