No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34964

State File No. .....

BIRTH NO. 72276-160 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 402

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 30 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 320 East Saline

3. NAME OF DECEASED (Type or Print)
a. (First): LARRY
b. (Middle): ALLEN
c. (Last): GOSNELL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ********
8. DATE OF BIRTH: Nov. 3, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 16 hrs.

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): Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Grover Gosnell
13b. MOTHER'S MAIDEN NAME: Anna Belle Sowers
14. NAME OF HUSBAND OR WIFE: *********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James G. Gosnell, 320 E. Saline, Sedalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.: Patent Ductus Arteriosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7620
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Nov, 1956, *to* 4 Nov, 1956, *that I last saw the deceased alive on* 4 Nov, 1956, *and that death occurred at* 4:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald C. Proctor M.D.
23b. ADDRESS: Sedalia, Mo.
23c. DATE SIGNED: 6 Nov 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/56
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 11-6-56
REGISTRAR'S SIGNATURE: Lavina Coons, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing
ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No 241

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.