

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3452**

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519** Registrar's No. **99**

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

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) Cabool		c. LENGTH OF STAY (in this place) 4 Weeks	c. CITY OR TOWN CABOOL
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Joseph b. (Middle) Thomas c. (Last) Gott		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 12, 1861
9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Nathanial H. Gott	
13b. MOTHER'S MAIDEN NAME Maricel Grey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maria Tidmore, Cabool, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity 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. Suicidy	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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)	
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 Jan 19 , 1957, to Jan 22 , 1957, that I last saw the deceased alive on Jan 32 , 1957, and that death occurred at 11:00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Garrett Hogg		23b. ADDRESS Cabool Mo	23c. DATE SIGNED 1/28/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/1957	24c. NAME OF CEMETERY OR CREMATORY Penner Cemetery	24d. LOCATION (City, town, or county) (State) Douglas County, Mo
DATE REC'D BY LOCAL REG. 2-2-1957	REGISTRAR'S SIGNATURE Garrett Hogg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ph. Barber, Mrs. L. L. L. L.	

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.....
Signature of Student Embalmer

Signed..... *George Stapp*
Licensed Embalmer No. *3161*
P. O. Address *Mrs. Stapp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.