

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9599**

FILED APR 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	c. LENGTH OF STAY (In this place) <b>44 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia,</b> <b>0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1005 Crescent Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b> b. (Middle) _____ c. (Last) <b>GOLD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 3, 1873</b>	9. AGE (In years last birthday) <b>83</b>	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>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Rome, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Higgins</b>	13b. MOTHER'S MAIDEN NAME <b>Rachael</b>	14. NAME OF HUSBAND OR WIFE <b>W.J. Gold (dec. 1948)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J. L. Van Wagner, Sr. Sedalia, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bacterial Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Vascular accident</b> DUE TO (c) <b>Hypertensive Cerebral Vascular Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral artery lesions &amp; fibrosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	20. AUTOPSY? <b>Y</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **10/7, 1952** to **4/10, 1957**, that I last saw the deceased alive on **April 10, 1957**, and that death occurred at **5:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas J. Higgins M.D.</b>	23b. ADDRESS <b>Sedalia, Mo</b>	23c. DATE SIGNED <b>4/11/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 11, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-11-57</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GILLESPIE FUNERAL HOME, Sedalia, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE FUNERAL HOME

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STATE OF MISSOURI

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.