

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006272  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3630 Registrar's No. 24

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>LACLEDE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LACLEDE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL (36) LEBANON</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>RURAL (36) LEBANON</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8MI. N.E. LEBANON</b>		Length of stay in lb <b>4OYRS.</b>	d. STREET ADDRESS (If outside, give location) <b>8MI. N. E. LEBANON</b>		Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MARVIN BISHOP GOSS</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>8,</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 21, 1889</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER-STOCKMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>LACLEDE COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>WM. LACY GOSS</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN WARE</b>		14. NAME OF HUSBAND OR WIFE <b>MARY WARD GOSS</b>	
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>496-42-5113A</b>	17. INFORMANT <b>WM. WARD GOSS</b> Address <b>LACLEDE CO. MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Obstructive pulmonary emphysema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>congenital cypis disease of the lungs.</b> DUE TO (c) <b>arteriosclerosis, general</b>					INTERVAL BETWEEN ONSET AND DEATH <b>MARY YEARS,</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>6:00</b> a.m. / p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>3-28-54</b> to <b>2-8-58</b> and last saw <sup>her</sup> <sub>him</sub> <b>1/24/58</b> Death occurred at <b>6:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Glenn Turner M.D.</b>			22b. ADDRESS <b>609 Cherry-Springfield, Mo.</b>		22c. DATE SIGNED <b>2-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LEBANON CITY CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>LEBANON, MO.</b>	
24. FUNERAL DIRECTOR <b>T. J. SHADEL</b> ADDRESS <b>LEBANON, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-1958</b>		26. REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Received FEB 17 1958  
Laclede County Health Unit  
File No. 24  
Date Filed FEB 17 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....,  
Signature of Student Embalmer

Signed *R. W. B...*

Licensed Embalmer No. 384  
P. O. Address *...*

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.